

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000092966 (7)**

1. Corporation Name

THE WHITE-COURT PROJECT, INC.



Principal Place of Business

**901 PONCE DE LEON BLVD.
SUITE 900
MIAMI FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD.
SUITE 900
MIAMI FL 33134**

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 **HOME**

Suite, Apt. #, etc

22 **402**

City & State

23 **SAME**

Zip

24 **SOME**

Country

25 **SOME**

2a. Mailing Address

26 **3101 INDIAN CREEK DR.**

Suite, Apt. #, etc

27 **402**

City & State

28 **Miami Beach, FL**

Zip

29 **33140**

Country

30 **DADE**

4. FEI Number

Applied for
 Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROSES, LUIS H ESO.
28 WEST FLAGLER ST.
SUITE 500
MIAMI FL 33130**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

N/A

4/23/96

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **BLANCO, RICHARD**
STREET ADDRESS **901 PONCE DE LEON BLVD. SUITE 900**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **SD** DELETE
NAME **BETACOURT, CARLOS**
STREET ADDRESS **901 PONCE DE LEON BLVD. SUITE 900**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
NAME **same**
12 NAME **BLANCO, RICARDO**
13 STREET ADDRESS **9149 Collins Ave. #209**
14 CITY - ST - ZIP **Gulfside, FL 33154**

2.1 TITLE Change Addition
22 NAME **same**
23 STREET ADDRESS **3101 Indian Creek Dr. #402**
24 CITY - ST - ZIP **Miami, FL 33140**

3.1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4.1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5.1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6.1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

700001848687
-06/03/96--01063--029
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

305 445-2900

CR2E034 (12/95)