

**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**

10. Name and Address of New Registered Agent  
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** DATE **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLANCO, RICHARD</b>	
STREET ADDRESS	<b>901 PONCE DE LEON BLVD. SUITE 900</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BETACOURT, CARLOS</b>	
STREET ADDRESS	<b>901 PONCE DE LEON BLVD. SUITE 900</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BLANCO, RICARDO</b>	
13 STREET ADDRESS	<b>9149 Collins Ave. #209</b>	
14 CITY - ST - ZIP	<b>gulfside, FL 33154</b>	
21 TITLE	<b>same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>same</b>	
23 STREET ADDRESS	<b>3101 IndianCreek Dr. #402</b>	
24 CITY - ST - ZIP	<b>MIAMI, FL 33140</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/23/96** **305 445-2900**

CR2E034 (12/95)