FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000096037 (3)

1. Corporation Name
TRI-CITY VENTURES, INC.

Principal Place of Business	Mailing Address
%TRI CITY COMMUNITY ASSOCIATION, INC. 1313 NW 36 ST MIAMI FL 33142	%TRI CITY COMMUNITY ASSOCIATION, INC. 1313 NW 36 ST MIAMI FL 33142

3. Date Incorporated or Qualified: 12/20/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5800 N.W. 7th Ave	26 5800 N.W. 7th Ave,
Suite, Apt. #, etc.: 22 Suite 212	Suite, Apt. #, etc.: 27 Suite 212
City & State: 23 Miami, Florida	City & State: 28 Miami, Florida
Zip: 24 33127 — Country: 25 Dade	Zip: 29 33127 — Country: 30 Dade

4. FEI Number — [X] Applied For / Not Applicable
5. Certificate of Status Desired [✓] — $8.75 Additional Fee Required
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

HICKS, DOROTHY
%TRI CITY COMMUNITY ASSOCIATION, INC.
1313 NW 36 ST
MIAMI FL 33142

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 Dorothy R. Hicks

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Miranda Y. Albury	
STREET ADDRESS	8475 S.W. 94th St, #123E	
CITY-ST-ZIP	Miami, Fl 33156	
TITLE	1st Vice President	[ ] DELETE
NAME	John Goldsmith, Jr.	
STREET ADDRESS	19301 N.W. 24th Ave	
CITY-ST-ZIP	Carol City, Fl 33055	
TITLE	2nd Vice President	[ ] DELETE
NAME	Angel Gonzalez	
STREET ADDRESS	3280 W. Flagler St #1	
CITY-ST-ZIP	Miami, Fl 33134	
TITLE	Secretary	[ ] DELETE
NAME	Mary W. Johnson	
STREET ADDRESS	1601 N.W. 56th St	
CITY-ST-ZIP	Miami, Fl 33142	
TITLE	Treasurer	[ ] DELETE
NAME	Ivan Barrett	
STREET ADDRESS	1137 N.W. 40th St	
CITY-ST-ZIP	Miami, Fl 33127	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000001849110 -06/04/96--01017--001 ***208.75	[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

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: Miranda Y. Albury — 25 April 96 (305) 372-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #