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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000006204 (1)

1. Corporation Name

500 ROLE MODELS OF EXCELLENCE PROJECT, INC.



Principal Place of Business

Mailing Address

1450 N.E. 2ND AVE.
700
MIAMI FL 33132
US

1450 N.E. 2ND AVE.
700
MIAMI FL 33132-1308
US

3. Date Incorporated or Qualified
12/20/1994

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
65-0575014

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

10. Name and Address of New Registered Agent

WILSON, FEDERICA S
1450 N.E. 2ND AVENUE
700
MIAMI FL 33132

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WILSON, FEDERICA S |
| STREET ADDRESS | 1450 N.E. 2ND AVE. SUITE 309 |
| CITY-ST-ZIP | MIAMI FL 33132 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CARTER, DONNIE |
| STREET ADDRESS | 1450 N.E. 2ND AVE. SUITE 352 |
| CITY-ST-ZIP | MIAMI FL 33132 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | GREER, TEE S DR. |
| STREET ADDRESS | 1450 N.E. 2ND AVE. SUITE 413 |
| CITY-ST-ZIP | MIAMI FL 33132 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DAWKINS, VINCENT |
| STREET ADDRESS | 1450 N.E. 2ND AVE. SUITE 652 |
| CITY-ST-ZIP | MIAMI FL 33132 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WALLACE, FRED |
| STREET ADDRESS | 2929 S.W. 3RD AVE. |
| CITY-ST-ZIP | MIAMI FL 33129 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | STRACHAN, RICHARD DR |
| STREET ADDRESS | 8841 N.W. 14TH AVE. |
| CITY-ST-ZIP | MIAMI FL 33147 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1450 N.E. 2nd Avenue, Suite 226 |
| 1.4 CITY-ST-ZIP | Miami, Florida 33132 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 15461 S.W. 117 Avenue |
| 2.4 CITY-ST-ZIP | Miami, Florida 33177 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (305)995-1334

Date Daytime Phone # 0028880

CR2E037 (9/96)