FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **736896** **(2)**

1. Corporation Name

MIAMI-DADE URBAN BANKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVE MIAMI FL 33131 US	P O BOX 110709 P.O. BOX 680462 MIAMI FL 33111 US

3. Date Incorporated or Qualified: **09/27/1976**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 — 27
City & State — 23 — 28
Zip — 24 — 29
Country — 25 — 30

4. FEI Number: **59-2845436** ☐ 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

DIXON, DAVID L.
15372 SW 142ND TERRACE
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: Devon Woolcock
82 Street Address (P.O. Box Number is Not Acceptable): ~~19950~~ 260 East Plaza
83
84 City: Miami FL 85 Zip Code: 33147

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: Devon Woolcock Treasurer — DATE: 4/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DIXON, DAVID L.		1.2 NAME	Kevin Brown	
STREET ADDRESS	15372 SW 142ND TERRACE		1.3 STREET ADDRESS	777 Brickell Ave.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	P	☒ DELETE	2.1 TITLE	Parlimentarian	☒ Change ☐ Addition
NAME	BROWN, URSULA M.		2.2 NAME	James Francois	
STREET ADDRESS	18101 N.W. 68TH AVE. E-205		2.3 STREET ADDRESS	1900 N.E. 2nd Ave.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33138	
TITLE	V	☒ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	DESOUSA, MICHELLE		3.2 NAME	Deborah Watson.	
STREET ADDRESS	1 SE 3RD AVE		3.3 STREET ADDRESS	5401 N. Federal Hwy.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	FT. Lauderdale, Fl. 33308	
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	ALEXANDER, PATRICK		4.2 NAME	Paulette Hick	
STREET ADDRESS	701 BRICKELL AVE		4.3 STREET ADDRESS	8750 Doral Blvd.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl 33178	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	HARRIS, TIM		5.2 NAME	Evely Dixon	
STREET ADDRESS	1221 BRICKELL AVE		5.3 STREET ADDRESS	200 S. Biscayne Blvd.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	DIXON, EVELYN		6.2 NAME	Devon Woolcock	
STREET ADDRESS	301-41 ST		6.3 STREET ADDRESS	206 East Plaza	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, Fl. 33147	

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Devon Woolcock Devon Woolcock 4/18/96 (305)691-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #