FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754137 (8)

1. Corporation Name

DADE COUNTY OVERALL TENANT ADVISORY COUNCIL, INC

Principal Place of Business
1407 N.W. 7 STREET
MIAMI FL 33125

Mailing Address
1407 N.W. 7 STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1980
3a. Date of Last Report: 03/25/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. **Name and Address of Current Registered Agent**

WHACK, HELEN
1407 N.W. 7 STREET
MIAMI FL 33125

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE	PCD	[X] Change [ ] Addition
NAME	WHACK, HELEN	12 NAME	WHACK, HELEN	
STREET ADDRESS	310 N.W. 22ND STREET	13 STREET ADDRESS	424 N.W. 19th Street	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33127	
TITLE	VPD	21 TITLE	VPD	[X] Change [ ] Addition
NAME	HORTON, JUANITA	22 NAME	Scott, Mary	
STREET ADDRESS	7440 N.W. 19 AVENUE	23 STREET ADDRESS	801 N.W. 7th Avenue	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33135	
TITLE	TD	31 TITLE		[ ] Change [ ] Addition
NAME	HENLEY, BETTY	32 NAME		
STREET ADDRESS	28450 SW 152ND AVE LOT 59	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SD	[X] Change [ ] Addition
NAME	SCOTT, MARY	42 NAME	Hargrett, Carolyn	
STREET ADDRESS	801 N.W. 7 AVENUE	43 STREET ADDRESS	7430 N.W. 19th Avenue	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, Florida 33147	
TITLE	S	51 TITLE	S	[X] Change [ ] Addition
NAME	JONES, POLLY	52 NAME	Green, Ivonne	
STREET ADDRESS	3204 NW 5TH AVE	53 STREET ADDRESS	41 N.W. 34th Terrace	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, Florida 33127	
TITLE	RD	61 TITLE	RD	[X] Change [ ] Addition
NAME	EZPELETA, NOEMI	62 NAME	Kimble Tyrone	
STREET ADDRESS	2891 NW 19TH AVE	63 STREET ADDRESS	6216 N.W. 3rd Court	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami, Florida 33150	

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: Helen Whack — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 — Date

Daytime Phone #

0040918