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May 21 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 # **771097** **(3)**

1. Corporation Name

UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC

Principal Place of Business	Mailing Address
201 ALHAMBRA CIR #1200 MIAMI FL 33134	201 ALHAMBRA CIR #1200 MIAMI FL 33134-5198

3. Date Incorporated or Qualified: **11/04/1983**
3a. Date of Last Report: **05/01/1996**

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:

4. FEI Number: **59-2358668** ☐ 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

SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND, BROOKE, & GORDON, P.A.
201 ALHAMBRA CIRCLE, SUITE 1200
MIAMI FL 33134

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 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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ORLIN, KAREN J., ESQ.		1.2 NAME	
STREET ADDRESS	17801 N.W. 2ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ALAN C.P.A.		2.2 NAME	
STREET ADDRESS	1800 N.E. 171ST ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY WEIDENFELD		3.2 NAME	
STREET ADDRESS	1800 NE 114 ST #804		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BERKOWITZ, PAUL		4.2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CANTOR, STEVEN L.		5.2 NAME	
STREET ADDRESS	ONE BISCAYNE TOWER #3750		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOSHUA GORDON		6.2 NAME	
STREET ADDRESS	3601 NE 207 ST #1210		6.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [signature] SIGNATURE REQUIRED 4/30/97 305-947-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0028934