FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

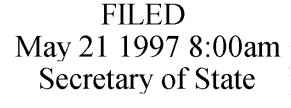
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

771097

(3)

UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC





Principal Place	Mailing Address	ddress					
201 ALHAMBRA CIR #1200 MIAMI FL 33134		201 ALHAMBRA CIR #1200 MIAMI FL 33134-5198				·	
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996	
2. Principal Pl 21	ace of Business	2a. Mailing Address 25				4. FEI Number Applied For S9-2358668 Not Applied be Not Applied For Not Applie	
Suite, Apt i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28	Co	untry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Trust Fund Contribution Added to Fees	
	. 25	29	30	uritry		8. This corporation has llability for intangible tax under s. 199.032, Florida Statutes Yes INO	
24]	9. Name and Address of Curren		1901	Т		10. Name and Address of New Registered Agent	
				61	Name		
SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND, BROOKE, & GORDON, P.A.				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	AMBRA CIRCLE, SUITE 1200			83			
MIAMI FL	. 33134			84	City	FL 85 Zip Code	
11 Purcuant t	to the provisions of Sections 617.050	2 and 617 1508 Florida Statu	ter the s	bow	e named corr	PL poration submits this statement for the purpose of changing its registered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authorize Iorida Sta	d by	y the corporal	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable (NO	TF: Begister	ad Ane	ent signature regul	ered when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 1	TLE		Change Addition	
NAME	orlin, karen j., esq.		4.2 1	IAME	ļ		
STREET ADDRESS	17801 N.W. 2ND AVENUE		1.3 9	TREET	r address		
CITY-ST-ZIP	MIAMI FL		140	ITY-S	ST-21P		
TITLE	PD	DELETE	217	ITLE		Change Addition	
NAME	MILLER, ALAN C.P.A.		221	IAME	ļ		
STREET ADDRESS	1800 N.E. 171ST ST.		2.3 5	TREET	r address		
CITY-ST-ZIP	n. Miami BCH FL		2.4	CITY-	ST-ZIP		
TITLE	VPD	DELETE	3.17	ITLE		Change Addition	
NAME	HARVEY WEIDENFELD		3.2	AME	[
STREET ADDRESS	1800 NE 114 ST #804		3.3 5	TREET	T ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4.	CITY-:	ST-ZIP		
TILE	VP	☐ DELETE	4.1 1	ITLE		Change Addition	
NAME	BERKOWITZ, PAUL		4.2	NAME			
STREET ADDRESS	1221 BRICKELL AVENUE		4.3 9	TREET	T ADDRESS		
CITY - ST - ZIP	MIAMI FL 33131		4.4 0	HTY - 9	ST-ZIP		
TITLE	VP	☐ DELETE	5.1 1	ITLE		☐ Change ☐ Addition	
NAME	CANTOR, STEVEN L.		5.21	IAME			
STREET ADDRESS	ONE BISCAYNE TOWER #37	50	5.3 5	TREET	r address		
CITY-ST-ZIP	MIAMI FL 33131		5.40	<u> </u>	ST-ZIP		
TITLE	T	DELETE	6.1 7	ITLE		Change Addition	
NAME	JOSHUA GORDON		621	IAME			
STREET ADDRESS	3601 NE 207 ST #1210		6.3 5	TREET	T ADDRESS		
CITY-S1-7IP	AVENTURA FL.				ST-21P		

14. I do hereby certify that the information supplied with this filing does not qualify on 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 regeiver outrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/9-

305-947-543 Daytime Phone # 0028934