SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 771097

UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC

LAKE

Principal Place of Business 1800 NE 114TH STREET

2. Principal Place of Business

SUITE 804 MIAMI FL 33181

196/0

Suite, Apt. #, etc.

Mailing Address

1800 NE 114TH ST SUITE 804 MIAMI FL 33181

2a. Mailing Address

19610

Suite, Apt. #, etc.

FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90009 022 ****61.25

602399 **-** 90009 - 22

3. Date Incorporated or Qualifed

11/04/1983

59-2358668

FEI Number



Applied For

Not Applicable

22		27		59-2358668	Not	Applicable	
City & State	MI FL	City & State	ı FL	5. Certifcate of Status Desired	\$8.75 Ac Fee Req		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 M	May Be	
24 330		29 33015	30 DADE	Trust Fund Contribution	Added to		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
81 Name CLAIRE ANDERSON							
1	ELD, HARVEY		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
	114TH STREET		83	670 W. E/11			
SUITE 804							
MIAMIFL			84 City	MIAMI F			
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	Plane	Liderson	CI-A	IRE ANDERSON	7/2	25/99	
SIGNATURE	Signature, typed or prifited name of registered agent	and title if applicable. (NO	TE: Registered Agent signature re				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TTLE		Change	☐ Addition	
NAME	HOWARD, ELSIE		1.2 NAME				
STREET ADDRESS	4825 LAKEVIEW DR		1.3 STREET ADDRESS	Misio 5 Hours			
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.6	1,4 CITY-ST-ZIP	Darca III man			
TILE	PD	DELETE	2.1 TITLE FOR	Penclevia, Howard, 1688 West Ave # 1202	☐ Change	Addition	
NAME	LEWIS, JAY	<i>r</i>	2.2 NAME	1688 West Ave \$ 1209		-	
STREET ADDRESS	9500 S DADELAND BLVD, SUIT	F 704	2.3 STREET ADDRESS	Miami Beach, FL 33130	2		
	MIAMI FL 33156		2.4 CITY-ST-ZIP	,	ι		
CITY-ST-ZIP	TD	DELETE		PLISSEHE Calderon	Change	Addition	
	WEIDENFELD, HARVEY		3.2 NAME			-	
NAME	1800 NE 114TH STREET, SUITE	= 004	3.3 STREET ADDRESS	PO BOX 143768			
STREET ADDRESS		004	3.4. CITY-ST-ZIP	Coral Gables, FL 33114			
CITY-ST-ZIP	MIAMI FL 33181	☐ DELETE	3.4. CHY-SI-ZIP 4.1 TITLE		Change	Addition	
TITLE			4.1 IIILE 4.2 NAME			_	
NAME	•					į	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition	
TITLE		LI VELETE	5.1 IIILE 5.2 NAME				
NAME							
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	Change	Addition	
TITLE	أيجشن والمراج الماران	☐ DELETE	Į.		C: Cilarige	Channe	
NAME	· ·		6.2 NAME				
STREET ADDRESS		/	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

. LAKE DR

14. I hereby certify that the information supplied with this fifing 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 of 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, with all other like empowered.