SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:46

DOCUMENT # **N06602** **(9)**

1. Corporation Name

SOCIAL RESOURCES OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
C/O ALBERT L. HARRIET ~~3050 BISCAYNE BLVD., 8TH FLOOR~~ MIAMI FL 33137	C/O ALBERT L. HARRIET ~~3050 BISCAYNE BLVD., 8TH FLOOR~~ MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2483253 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Albert L. Harriett	26 c/o Albert L. Harriett
Suite, Apt. #, etc. 22 P.O. Box 560546	Suite, Apt. #, etc. 27 P.O. Box 560546
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33256 / 25 Dade	Zip / Country 29 33256 / 30 Dade

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 ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIET, ALBERT L.
C/O FAMILY COUNSELING SERVICES
3050 BISCAYNE BLVD., 8TH FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

61 Name: Harriett, Albert L.
62 Street Address (P.O. Box Number is Not Acceptable): 12464 S.W. 99th Ave
63: c/o Social Resources
64 City: Miami FL 65 Zip Code: 33176

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	CESARANO, GREGORY M	12 NAME	
STREET ADDRESS	4000 INTER PLACE, 100 SE 2ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	OLIVA, WILLIAM	22 NAME	
STREET ADDRESS	111 NW 12TH ST., #207	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HOLTZMAN, SYLVAN	32 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR, SUITE 600	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MYERS, VAN	42 NAME	Remove Name
STREET ADDRESS	2530 COLUMBUS BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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: [signature] Fuego 7/11/95 (305) 235-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000979