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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38462 (0)
1. Corporation Name
THE DADE COALITION FOR COMMUNITY EDUCATION, INC.



Principal Place of Business C/O MARVIN MANNING 1450 NE 2ND AVE. RM 821 MIAMI FL 33132	Mailing Address C/O MARVIN MANNING 1450 NE 2ND AVE. RM 821 MIAMI FL 33132
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3. Date Incorporated or Qualified 06/04/1990	
4. FEI Number 65-0197821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1450 N.E. 2ND AVENUE	2a. Mailing Address 26 1450 N.E. 2ND AVENUE
Suite, Apt. #, etc. 22 STE 833	Suite, Apt. #, etc. 27 STE 833
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33132	Country 25 U.S.A.
Country 29 U.S.A.	Zip 30 33132

9. Name and Address of Current Registered Agent MANNING, MARVIN 17580 ATLANTIC BLVD 1450 NE 2ND AVE, RM 821 MIAMI FL 33132	10. Name and Address of New Registered Agent B1 Name T.L. COVERSON B2 Street Address (P.O. Box Number is Not Acceptable) 1450 N.E. 2ND AVENUE B3 STE. 833 B4 City Miami FL B5 Zip Code 33132
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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: **T.L. COVERSON - TREASURER (BO)** *[Signature]* **3/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARLSON, MARJORIE G. 6400 S.S. 129TH TERR MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHN, MILDRED AUGENSTEIN 2824 CLEVELAND ST. HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAVLY, HARRY 18011 BISCAYNE BLVD MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE MANNING, MARVIN 17580 ATLANTIC BLVD MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, PHYLLIS 5660 COLLINS AVE, APT 18C MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA D. BROWN 3945 LOGGAT AVENUE COCONUT GROVE, FL. 33133
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T.L. COVERSON 9112 N.E. 10 AVENUE M. SHORES, FL. 33138
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **T.L. COVERSON - TREASURER (BO)** *[Signature]* **3/19/98 305-995-1827**

CPRE037 (10/97)