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FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
 1. Corporation Name
AMERICAN DREAM ADVOCATES, INC.

PA 6000058111

Principal Place of Business Mailing Address

**1001 SW 112th Ave.
 Pembroke Pines, FL 33025**

2 Principal Place of Business **2a** Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

3 Date Incorporated or Qualified **3a** Date of Last Report

7/11/96

4 FEI Number **Applied For**

65-06-57662 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

Deborah S. Isaza
1001 SW 112th Ave.
Pembroke Pines, FL 33025

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Deborah S. Isaza* **Deborah S. Isaza Vice Pres.** **05-14-97**

Signature typed or printed name of registered agent and, if applicable, (NOT) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

DELETE

TITLE **President**

NAME **Mitchell Frank**

STREET ADDRESS **9291 NW 14th St.**

CITY-ST-ZIP **Pembroke Pines, FL 33026**

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE **Vice-President**

12 NAME **Deborah Isaza**

13 STREET ADDRESS **1001 SW 112th Ave.**

14 CITY-ST-ZIP **Pembroke Pines, FL 33025**

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002202051
-06/04/97--01109--002
*****165.00**

RW 5-21-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mitchell Frank* **Mitchell Frank, President** **05-14-97**

Signature typed or printed name of signing officer or director **954-436-3479**

CR2E034 (9/96)