

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90009 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000058111

1. Corporation Name
AMERICAN DREAM ADVOCATES, INC.



Principal Place of Business
 1001 SW 112TH AVENUE
 PEMBROKE PINES FL 33025

Mailing Address
~~P.O. BOX 848805~~
~~PEMBROKE PINES FL 33084~~
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1996

4. FEI Number
65-0657662

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **9470 Tangerine Place**
 Suite, Apt. #, etc.
 22 **#204**
 City & State
 23 **FT. Lauderdale, FL**
 Zip Country
 24 **33324** 25 **Broward**

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAZA, DEBORAH
1001 SW 112TH AVENUE
PEMBROKE PINES FL 33025

81 Name **Isaza, Deborah**
 82 Street Address (P.O. Box Number is Not Acceptable)
9470 Tangerine Place
 83 **#204**
 84 City **FT. Lauderdale** FL 85 Zip Code **33324**

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, president 5-16-99**
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	P <input checked="" type="checkbox"/> DELETE
NAME	FRANK, MITCHELL
STREET ADDRESS	9291 NW 14TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	VP <input type="checkbox"/> DELETE
NAME	ISAZA, DEBORAH
STREET ADDRESS	1001 SW 112TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deborah S. Isaza
1.3 STREET ADDRESS	9470 Tangerine Pl. # 204
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33324
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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.

SIGNATURE: *Deborah S. Isaza* **5-6-99** **954-382-2858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

U1/10/22

American Dream Advocates, Inc.
9470 Tangerine Place #204
Ft Lauderdale, Florida 33324
(954) 875-9017

577329-90009-16
P96000058111

Thursday, June 03, 1999

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir:

Attached is my 1999 Corporate Annual Report with a \$150.00 check enclosed for the annual fee. We have received the Annual Report Form late and could not remit by the May 1, 1999 deadline. Our address has changed and apparently your Annual Report Form was not timely forwarded to us. Please accept our attached check as full payment for the 1999 fee, and please abate any penalty assessment related to our late filing of this form.

Please correct your records to reflect the address changes made on the Annual Report.

Thank you for your consideration in this matter.

Sincerely,

