FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:45

DOCUMENT # 723679 (7)

1. Corporation Name

DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business	Mailing Address
7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014	7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1972
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0240302 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARCHNER, RUSS
7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

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 Russ Marchner RUSS MARCHNER, EXEC. DIRECTOR 2/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	BARKER, JAMES T	1.2 NAME	MILLER, HELEN	
STREET ADDRESS	6855 VERONESE ST	1.3 STREET ADDRESS	777 SHARAZAD BLVD.	
CITY-ST-ZIP	CORAL GALBLES FL	1.4 CITY-ST-ZIP	OPALOCKA, FL.	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	SPIEGEL, ESTELLE	2.2 NAME	VOGEL, PAUL D.	
STREET ADDRESS	655 96TH ST	2.3 STREET ADDRESS	7903 EAST DR.	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	N. BAY VILLAGE, FL.	
TITLE	SVP	3.1 TITLE	SVP	☑ Change ☐ Addition
NAME	MILLER, HELEN	3.2 NAME	SMITH, JUANITA	
STREET ADDRESS	777 SHARAZAD BLVD	3.3 STREET ADDRESS	404 W. PALM AVE.	
CITY-ST-ZIP	OPA-LOCKA FL	3.4 CITY-ST-ZIP	FLORIDA CITY, FL.	
TITLE	TVP	4.1 TITLE	TVP	☑ Change ☐ Addition
NAME	VOGEL, PAUL D	4.2 NAME	PEARLSON, DAVID	
STREET ADDRESS	7903 E DR	4.3 STREET ADDRESS	1700 CONVENTION CTR DR.	
CITY-ST-ZIP	N BAY VILLAGE FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE	S	5.1 TITLE	S	☑ Change ☐ Addition
NAME	SMITH, JUANITA	5.2 NAME	MISHCON, JEFF	
STREET ADDRESS	404 W PALM AVE	5.3 STREET ADDRESS	17011 N.E. 19TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL.	
TITLE	T	6.1 TITLE	T	☑ Change ☐ Addition
NAME	GOTTLIEB, SUSAN	6.2 NAME	CAVALIER, JOHN A., JR.	
STREET ADDRESS	1700 CONVENTION CTR DR	6.3 STREET ADDRESS	201 WESTWARD DR.	
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	MIAMI SPRINGS, FL.	

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)(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 asterisk.

SIGNATURE: Juanita S. Smith 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUANITA S. SMITH, SECOND VICE PRES.

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