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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:09

DOCUMENT # 723568 (2)

1. Corporation Name

DADE HERTIAGE TRUST, INC.

Principal Place of Business	Mailing Address
190 S.E. 12TH TERRACE MIAMI FL 33131	190 S.E. 12TH TERRACE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1972
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2194849 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ $9.75 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YARBROUGH, LOUISE 190 SW 12 TERR MIAMI FL 33131	81 Name: Margaret C. Cook 82 Street Address (P.O. Box Number is Not Acceptable): 190 SE 12th Terrace 83: 84 City: Miami FL 85 Zip Code: 33131

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: MARGARET C. Cook Margaret C Cook 4/15/95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	METCALF, ELIZABETH	12 NAME	Norah K. Schaefer	
STREET ADDRESS	719 PARADISE	13 STREET ADDRESS	5810 Biscayne Blvd.	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Miami, FL 33137	
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	SCHAEFER, NORAH	22 NAME	Joseph L. Herndon	
STREET ADDRESS	5810 BISCAYNE BLVD	23 STREET ADDRESS	13500 SW 104th Avenue	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33176	
TITLE	SD	31 TITLE	SD	☐ Change ☒ Addition
NAME	VERRENGIA, JODY	32 NAME	Enid Pinkney	
STREET ADDRESS	3980 PARK AVENUE	33 STREET ADDRESS	3017 NW 51st Street	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33142	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	LA ROUE, SAMUEL	42 NAME		
STREET ADDRESS	5980 SW 35 ST	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	M	51 TITLE	M	☒ Change ☐ Addition
NAME	YARBROUGH, LOUISE	52 NAME	Margaret C. Cook	
STREET ADDRESS	5755 SW 111 TERR	53 STREET ADDRESS	10465 SW 114th Terrace	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL 33176	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 address.

SIGNATURE: Margaret C Cook May 30, 95 (305 358-9572)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007087