

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723679 (7)
1. Corporation Name
DADE COUNTY LEAGUE OF CITIES, INC.

FILED
Mar 15, 1996 08:00 AM
Secretary of State



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

3. Date Incorporated or Qualified 06/15/1972 3a. Date of Last Report 02/08/1995
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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 ☒ DELETE
NAME MILLER, HELEN
STREET ADDRESS 777 SHARAZAD BLVD
CITY-ST-ZIP OPALOCKA FL
TITLE YPD ☐ DELETE
NAME VOGEL, PAUL D
STREET ADDRESS 7903 EAST DR
CITY-ST-ZIP N BAY VILLAGE FL
TITLE SVP VPD ☐ DELETE
NAME SMITH, JUANITA
STREET ADDRESS 404 W PALM AVE
CITY-ST-ZIP FLORIDA CITY FL
TITLE JPSVP ☐ DELETE
NAME PEARLSON, DAVID
STREET ADDRESS 1700 CONVENTION CTR DR
CITY-ST-ZIP MIAMI BEACH FL
TITLE STVP ☐ DELETE
NAME MISHCON, JEFF
STREET ADDRESS 17011 NE 19TH AVE
CITY-ST-ZIP N MIAMI BEACH FL
TITLE JS ☐ DELETE
NAME CAVALIER, JOHN A JR
STREET ADDRESS 201 WESTWARD DR
CITY-ST-ZIP MIAMI SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 000001745560
3.4 CITY-ST-ZIP -03/15/96--01120--018
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME T GORT, WIFRED (willy)
6.3 STREET ADDRESS 3500 PAN AMERICAN DR.
6.4 CITY-ST-ZIP MIAMI, FL 33133

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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/23/96 305-557-1722
SC 3-15-96

CR2E037 (12/95)