

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707465** (1)  
1. Corporation Name  
**BIG BROTHERS/BIG SISTERS OF GREATER MIAMI, INC.**

Principal Place of Business	Mailing Address
<b>100 ALMERIA SUITE 310 CORAL GABLES FL 33134</b>	<b>100 ALMERIA SUITE 310 CORAL GABLES FL 33134</b>

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	29 Country
25	30

3. Date Incorporated or Qualified	
<b>06/19/1964</b>	
4. FEI Number	Applied For
<b>59-6166904</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MUNIZ, LYDIA I.  
100 ALMERIA  
SUITE 310  
CORAL GABLES FL 33134**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAIN, PAULA</b>
STREET ADDRESS	<b>1701 N.W. 30TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DIAZ, SUSAN</b>
STREET ADDRESS	<b>701 BRICKELL AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PRINZING, DANIEL G</b>
STREET ADDRESS	<b>2801 SOUTH BAYSHORE DR., 9TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SAUNDERSON, WILLIAM M</b>
STREET ADDRESS	<b>701 BRICKELL AVE., #1500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRYAN, GLYNIS A</b>
STREET ADDRESS	<b>3080 KIRK ST.</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDIN, STEVE</b>
STREET ADDRESS	<b>9500 S. DADELAND BLVD., #600</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Goldin, Steve</b>
1.3 STREET ADDRESS	<b>9500 S. Dadeland Blvd. # 600</b>
1.4 CITY-ST-ZIP	<b>Miami, FL. 33156</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John E. Tober</b>
2.3 STREET ADDRESS	<b>1401 Brickell Ave. Ste #340</b>
2.4 CITY-ST-ZIP	<b>Miami, FL. 33131</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Saunderson William</b>
3.3 STREET ADDRESS	<b>701 Brickell Ave. # 1500</b>
3.4 CITY-ST-ZIP	<b>Miami, FL. 33131</b>
4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Julia Rocawich</b>
4.3 STREET ADDRESS	<b>8325 S.W. 151 St.</b>
4.4 CITY-ST-ZIP	<b>Miami, FL. 33158</b>
5.1 TITLE	<b>P-Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Prinzing, Daniel</b>
5.3 STREET ADDRESS	<b>650 Jefferson Avenue # 4</b>
5.4 CITY-ST-ZIP	<b>Miami Beach, FL. 33139</b>
6.1 TITLE	<b>MSSA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Lydia I. Muniz</b>
6.3 STREET ADDRESS	<b>100 Almeria Avenue # 310</b>
6.4 CITY-ST-ZIP	<b>Coral Gables, FL. 33134</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lydia I. Muniz, MSSA**

4/20/98 305-4419354

CR2E037 (10/97)