

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762700

**Entity Name:** NAMI MIAMI-DADE COUNTY, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE SUITE 224  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 430230  
SOUTH MIAMI, FL 33243 US

**FEI Number:** 59-2207150

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RIVERO, MARIA C  
299 ALHAMBRA CIRCLE  
SUITE 224  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARIA C. RIVERO

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LARRAURI, CARLOS  
Address P.O. BOX 430230  
City-State-Zip: CORAL GABLES FL 33243

Title TREASURER  
Name RIVERO, MARIA C  
Address P.O. BOX 430230  
City-State-Zip: MIAMI FL 33243

Title D  
Name KOSRAVI, SHAWN  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title D  
Name GARRIDO, JUAN C  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title D  
Name SHUSTACK, ANNA  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title PRESIDENT  
Name COPPOLA, KATHY  
Address P.O. BOX 430243  
City-State-Zip: SOUTH MIAMI FL 33243

Title 1ST VICE PRESIDENT  
Name RACHER, SUSAN  
Address 10303 SW 72ND AVE  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name ARENAS, JORGE  
Address P.O. BOX 430230  
City-State-Zip: MIAMI FL 33243

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA C. RIVERO

TREASURER

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FRANKLIN, WILLIAM  
Address        P.O. BOX 430230  
City-State-Zip: MIAMI FL 33243