Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: MARIA C. RIVERO

FINANCIAL OFFICER

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 Electronic Signature of Registered Agent

Current Mailing Address: P.O. BOX 430230

FEI Number: 59-2207150

Name and Address of Current Registered Agent:

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

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

SOUTH MIAMI, FL 33243 US

Officer/Director Detail

Officer/Director Detail :				
Title	TREASURER	Title	VP	
Name	MUNILLA, JORGE	Name	KHOSRAVI, SHAWN	
Address	P.O. BOX 430230	Address	P.O. BOX 430230	
City-State-Zip:	SOUTH MIAMI FL 33243	City-State-Zip:	SOUTH MIAMI FL 33243	
Title	DIRECTOR	Title	PRESIDENT	
Name	SHUSTACK, ANNA	Name	RACHER, SUSAN	
Address	P.O. BOX 430230	Address	P.O. BOX 430230	
	SOUTH MIAMI FL 33243	City-State-Zip:	SOUTH MIAMI FL 33243	
City-State-Zip:	SOUTH MIAIMI FL 33243			
City-State-Zip: Title	DIRECTOR	Title	DIRECTOR	
			DIRECTOR ROMERO-ARES, PATRICIA	
Title	DIRECTOR	Title		
Title Name	DIRECTOR FRANKLIN, WILLIAM P.O. BOX 430230	Title Name	ROMERO-ARES, PATRICIA	
Title Name Address	DIRECTOR FRANKLIN, WILLIAM P.O. BOX 430230	Title Name Address	ROMERO-ARES, PATRICIA P.O. BOX 430230	
Title Name Address City-State-Zip:	DIRECTOR FRANKLIN, WILLIAM P.O. BOX 430230 SOUTH MIAMI FL 33243	Title Name Address City-State-Zip:	ROMERO-ARES, PATRICIA P.O. BOX 430230 SOUTH MIAMI FL 33243-0230	
Title Name Address City-State-Zip: Title	DIRECTOR FRANKLIN, WILLIAM P.O. BOX 430230 SOUTH MIAMI FL 33243 DIRECTOR	Title Name Address City-State-Zip: Title	ROMERO-ARES, PATRICIA P.O. BOX 430230 SOUTH MIAMI FL 33243-0230 DIRECTOR	

Continues on page 2

02/10/2023 Date

FILED Feb 10, 2023 Secretary of State 9072397505CC

Certificate of Status Desired: No

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

02/10/2023 Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	VP
Name	MICHEL, DAPHNEY	Name	CALVO, PATRICK
Address	P.O. BOX 430230	Address	P.O. BOX 430230
City-State-Zip:	SOUTH MIAMI FL 33243	City-State-Zip:	SOUTH MIAMI FL 33243
Title	DIRECTOR	Title	SECRETARY
Name	HERNANDEZ, HECTOR	Name	HOLTZMAN, SUSAN
Address	P.O. BOX 430230	Address	P.O. BOX 430230
City-State-Zip:	SOUTH MIAMI FL 33243	City-State-Zip:	SOUTH MIAMI FL 33243
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR ANDREWS, KEVIN	Title Name	DIRECTOR CORDERO, YURI
Name	ANDREWS, KEVIN P.O. BOX 430230	Name	CORDERO, YURI P.O. BOX 430230
Name Address	ANDREWS, KEVIN P.O. BOX 430230	Name Address	CORDERO, YURI P.O. BOX 430230
Name Address City-State-Zip:	ANDREWS, KEVIN P.O. BOX 430230 SOUTH MIAMI FL 33243	Name Address City-State-Zip:	CORDERO, YURI P.O. BOX 430230 SOUTH MIAMI FL 33243
Name Address City-State-Zip: Title	ANDREWS, KEVIN P.O. BOX 430230 SOUTH MIAMI FL 33243 DIRECTOR	Name Address City-State-Zip: Title	CORDERO, YURI P.O. BOX 430230 SOUTH MIAMI FL 33243 CFO
Name Address City-State-Zip: Title Name	ANDREWS, KEVIN P.O. BOX 430230 SOUTH MIAMI FL 33243 DIRECTOR DURAND, DANTE	Name Address City-State-Zip: Title Name	CORDERO, YURI P.O. BOX 430230 SOUTH MIAMI FL 33243 CFO RIVERO, MARIA P.O. BOX 430230