
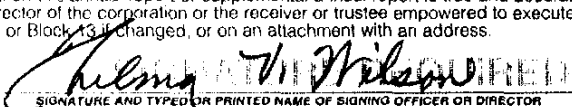


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 683436 (0)</b> 1. Corporation Name <b>BLACK INVESTORS OF DADE COUNTY, INC.</b>			
Principal Place of Business <b>2120 N.W. 57TH STREET MIAMI FL 33142</b>		Mailing Address <b>2120 N.W. 57TH STREET MIAMI FL 33142-3014</b>	
2. Principal Place of Business <b>21 5140 NW 7th Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 5140 NW 7th Avenue</b> Suite, Apt. #, etc.	
22. City & State <b>23 Miami, Florida 33127</b> Zip Country		27. City & State <b>28 Miami, Florida 33127</b> Zip Country	
24. <b>33127</b>		25. <b>Dade</b>	
29. <b>33127</b>		30. <b>Dade</b>	
9. Name and Address of Current Registered Agent <b>WILSON, THELMA 2120 N.W. 57TH STREET MIAMI FL 33142</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>V</b> <input type="checkbox"/> DELETE NAME: <b>ANDERSON, THOMAS E.</b> STREET ADDRESS: <b>14330 MADISON ST.</b> CITY - ST - ZIP: <b>MIAMI FL</b>		1.1 TITLE: <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: <b>REEVES, GARTH C.</b> 1.3 STREET ADDRESS: <b>900 NW 54th Street</b> 1.4 CITY - ST - ZIP: <b>Miami, Florida 33127</b>	
TITLE: <b>S</b> <input type="checkbox"/> DELETE NAME: <b>WILSON, THELMA V</b> STREET ADDRESS: <b>2120 N.W. 57TH STREET</b> CITY - ST - ZIP: <b>MIAMI FL</b>		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>T</b> <input type="checkbox"/> DELETE NAME: <b>ARMBRISTER, THOMAS S.</b> STREET ADDRESS: <b>1785 NW 57TH STREET</b> CITY - ST - ZIP: <b>MIAMI FL</b>		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-03-97 305-757-2969 Date Daytime Phone	



CR2E034 (9/96)