

FILE NOW: FILING FEE IS \$61.25

102

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703647 (8)

1. Corporation Name
UNITED WAY OF DADE COUNTY, INC.



Principal Place of Business 1 S.E. 3RD AVENUE. #1900 P.O. BOX 010790 MIAMI FL 33101-7790	Mailing Address 1 S.E. 3RD AVENUE. #1900 P.O. BOX 010790 MIAMI FL 33101-7790
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3. Date Incorporated or Qualified 02/26/1962	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0830840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Country
24 Zip	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent

MOGUL, HARVE A.
1 SE 3RD AVENUE, SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGUL, HARVE A.	1.2 NAME	
STREET ADDRESS	1 SE E. 3RD AVENUE #2000	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, CARLOS M SR	2.2 NAME	Lawrence, David Jr.
STREET ADDRESS	3200 N.W. 72ND AVENUE	2.3 STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHARON	3.2 NAME	Norton, Susan Potter
STREET ADDRESS	P.O. BOX 248027 N/A	3.3 STREET ADDRESS	121 Majorca Avenue
CITY-ST-ZIP	CORAL GABLES FL 33124	3.4 CITY-ST-ZIP	Coral Gables, FL 33134-4508
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTIEL, MARITZA GOMEZ	4.2 NAME	Bermont, Peter L.
STREET ADDRESS	100 SE 2 ST., #2500	4.3 STREET ADDRESS	One S. E. 3rd Avenue, #2950
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400001787424
STREET ADDRESS		5.3 STREET ADDRESS	-04/19/96--01061--029
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Please see attached list of
STREET ADDRESS		6.3 STREET ADDRESS	additional directors
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4-19-96

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 if changed, or on an attachment with an address.

SIGNATURE: Harve A. Mogul DATE: 4/2/96 DAYTIME PHONE: 305 579 2205

HARVE A. MOGUL, PRESIDENT

CR2E037 (12/95)

#703647 22

1995-96 DIRECTORS
UNITED WAY OF DADE COUNTY, INC.

CLASS

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| *
AGUIRRE, ALEJANDRO J.
Deputy Editor
Diario Las Americas
2900 N.W. 39 St.
Miami, Florida 33142
633-3341
635-7668 - FAX | 1997-98 | <u>VICE CHAIR</u>
<u>VOLUNTEER CENTER</u> |
| *
BASS, HILARIE
Shareholder
Greenberg, Traurig, et al
1221 Brickell Avenue, 20th Fl.
Miami, Florida 33131-3258
579-0745
579-0717 - FAX | 1997-98 | <u>VICE-CHAIR</u>
<u>STRATEGIC MANAGEMENT</u> |
| *
BERMONT, PETER L.
Senior Vice President
Smith Barney, Inc.
Suite 2950
1 S.E. 3rd Avenue
Miami, Florida 33131
577-1100
373-3039 - FAX | 1996-97 | <u>TREASURER</u> |
| *
BUSTILLO, OSCAR
Chairman of the Board
Republic National Bank of Miami
10 N.W. 42nd Avenue
Miami, Florida 33126
441-7284
529-0332 - FAX | 1996-97 | <u>1996 CAMPAIGN CO-CHAIR</u> |
|
CALDERIN, CAROLINA
Chief Executive Officer
Pan American Hospital
5959 N.W. 7 Street
Miami, Florida 33126
265-6400
265-6403 - FAX | 1997-98 | |