

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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. #1800 P.O. BOX 010780 MIAMI FL 33101-7790
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3. Date Incorporated or Qualified 02/26/1962	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 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	25
29	30

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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, DAVID JR	2.2 NAME	
STREET ADDRESS	ONE HERALD PLAZA	2.3 STREET ADDRESS	GREENBERG, TRAUIG, et al
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	1221 Brickell Avenue, 20 Floor
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER-NORTON, SUSAN	3.2 NAME	PEARSON, EDDIE T.
STREET ADDRESS	121 MAJORCA AVENUE	3.3 STREET ADDRESS	DADE COUNTY PUBLIC SCHOOLS
CITY-ST-ZIP	CORAL GABLES FL 33134-4508	3.4 CITY-ST-ZIP	1450 NE 2 Avenue, Room 914
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMONT, PETER L	4.2 NAME	HENRIQUES, ADOLFO
STREET ADDRESS	ONE SE 3RD AVENUE #2950	4.3 STREET ADDRESS	UNION PLANTERS BANK OF FLORIDA
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	1221 Brickell Avenue, 12 Floor
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **4/29/98 (305) 579-2203**

CR2E037 (1097)