

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90207 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703647**

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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2. Principal Place of Business 21 <b>1 SE 3rd Avenue #2000</b> Suite, Apt. #, etc. 22 <b>P.O. Box 010790</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33101-7790</b> 25	2a. Mailing Address 26 <b>1 S.E. 3rd Avenue</b> Suite, Apt. #, etc. 27 <b># 2000 / P.O. Box 010790</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33101-7790</b> 30	3. Date Incorporated or Qualified <b>02/26/1962</b>	4. FEI Number <b>59-0830840</b>	Applied For <input type="checkbox"/> Applied For <input checked="" 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		

9. Name and Address of Current Registered Agent <b>MOGUL, HARVE A</b> <b>1 SE 3RD AVENUE, SUITE 2000</b> <b>MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOGUL, HARVE A</b>		1.2 NAME	
STREET ADDRESS <b>1 SE E. 3RD AVENUE #2000</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BASS, HILARIE</b>		2.2 NAME	
STREET ADDRESS <b>1221 BRICKELL AVE, #20TH FLOOR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEARSON, EDDIE T</b>		3.2 NAME	
STREET ADDRESS <b>1450 NE 2ND AVE, ROOM 914</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33132</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENRIQUES, ADOLFO</b>		4.2 NAME	
STREET ADDRESS <b>1221 BIRCKELL AVE, #12TH FLOOR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33130</b>		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: G. Molina SIGNATURE REQUIRED G. Molina Date 1/11/99 Daytime Phone # 305-579-2285

CR2E037 (1/98)