

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 707465 (1)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF GREATER MIAMI, INC.



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|---|--|
| Principal Place of Business 100 ALMERIA SUITE 310 CORAL GABLES FL 33134 | Mailing Address 100 ALMERIA SUITE 310 CORAL GABLES FL 33134-6027 |
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|--|--|
| 3. Date Incorporated or Qualified 06/19/1964 | 3a. Date of Last Report 05/01/1996 |
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|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
|--|---|

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|---|---|
| 4. FEI Number 59-6166904 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MUNIZ, LYDIA I.
100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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: *Lydia Muniz* (NOTE: Registered Agent signature required when reinstating) Date: *4/28/97*

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | RYNOR, JEFFREY A | |
| STREET ADDRESS | 1 S.E. 3RD AVE. #2200 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GOLDIN, STEVE | |
| STREET ADDRESS | 9500 S. DADELAND BLVD. #600 | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BAIN, PAULA | |
| STREET ADDRESS | 1701 N.W. 30TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SAUNDERSON, BILL | |
| STREET ADDRESS | 701 BRICKELL AVE. STE. #1500 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DIAZ, SUSAN | |
| STREET ADDRESS | 701 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | PPD | <input type="checkbox"/> DELETE |
| NAME | SASLAW, GARY | |
| STREET ADDRESS | 20801 BISCAYNE BLVD. #304 | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33180-1422 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Paula Bain | |
| 1.3 STREET ADDRESS | 1701 N.W. 30th Avenue | |
| 1.4 CITY-ST-ZIP | Miami, FL 33125 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Susan Diaz | |
| 2.3 STREET ADDRESS | 701 Brickell Avenue | |
| 2.4 CITY-ST-ZIP | Miami, FL. 33131 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Daniel G. Prinzing | |
| 3.3 STREET ADDRESS | 2601 South Bayshore Drive, 9th Floor | |
| 3.4 CITY-ST-ZIP | Miami, FL. 33133 | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | William M. Saunderson | |
| 4.3 STREET ADDRESS | 701 Brickell Avenue # 1500 | |
| 4.4 CITY-ST-ZIP | Miami, FL. 33131 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Glynis A. Bryan | |
| 5.3 STREET ADDRESS | 3080 Kirk Street | |
| 5.4 CITY-ST-ZIP | CoconutGrove, FL. 33133 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Steve Goldin | |
| 6.3 STREET ADDRESS | 9500 S. Dadeland Blvd. # 600 | |
| 6.4 CITY-ST-ZIP | Miami, FL. 33156 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula Bain* Date: *4/28/97* (305)-633-6481

CR2E037 (9/96)