

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707465 (1)
 Corporation Name
BIG BROTHERS/BIG SISTERS OF GREATER MIAMI, INC.



Principal Place of Business 100 ALMERIA SUITE 310 CORAL GABLES FL 33134	Mailing Address 100 ALMERIA SUITE 310 CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 06/19/1964
4. FEI Number 59-6166904
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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 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 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. Zip
24. Country	29. Country
25. Country	30. Country

B. 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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BAIN, PAULA	
STREET ADDRESS 1701 N.W. 30TH AVE.	
CITY-ST-ZIP MIAMI FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME DIAZ, SUSAN	
STREET ADDRESS 701 BRICKELL AVE.	
CITY-ST-ZIP MIAMI FL	
TITLE DP - Elect	<input checked="" type="checkbox"/> DELETE
NAME PRINZING, DANIEL G	
STREET ADDRESS 2801 SOUTH BAYSHORE DR., 9TH FLOOR	
CITY-ST-ZIP MIAMI FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SAUNDERSON, WILLIAM M	
STREET ADDRESS 701 BRICKELL AVE., #1500	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BRYAN, GLYNIS A	
STREET ADDRESS 3080 KIRK ST.	
CITY-ST-ZIP COCONUT GROVE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GOLDIN, STEVE	
STREET ADDRESS 9500 S. DADELAND BLVD., #600	
CITY-ST-ZIP MIAMI FL 33156	

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 Goldin, Steve	
1.3 STREET ADDRESS 9500 S. Dadeland Blvd. # 600	
1.4 CITY-ST-ZIP Miami, FL. 33156	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME John E. Tober	
2.3 STREET ADDRESS 1401 Brickell Ave. Ste #340	
2.4 CITY-ST-ZIP Miami, FL. 33131	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Saunderson William	
3.3 STREET ADDRESS 701 Brickell Ave. # 1500	
3.4 CITY-ST-ZIP Miami, FL. 33131	
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Julia Rocawich	
4.3 STREET ADDRESS 8325 S.W. 151 St.	
4.4 CITY-ST-ZIP Miami, FL. 33158	
5.1 TITLE P-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Prinzing, Daniel	
5.3 STREET ADDRESS 650 Jefferson Avenue # 4	
5.4 CITY-ST-ZIP Miami Beach, FL. 33139	
6.1 TITLE MSSA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Lydia I. Muniz	
6.3 STREET ADDRESS 100 Almeria Avenue # 310	
6.4 CITY-ST-ZIP Coral Gables, FL. 33134	

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: *Lydia I. Muniz, MSSA* 4/20/98 305-4419354

CR2E037 (10/97)