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**May 07, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/19/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6166904	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUNIZ, LYDIA I. 100 ALMERIA SUITE 310 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* DATE: 4/29/99  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E TOBER	1.2 NAME	
STREET ADDRESS	1401 BRICKELL AVE #340	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIA ROCAWICH	2.2 NAME	Raul Valdes-Fauli
STREET ADDRESS	8325 SW 151ST ST	2.3 STREET ADDRESS	555 N.E. 34th St. # 2004
CITY-ST-ZIP	MIAMI FL 33158	2.4 CITY-ST-ZIP	Miami, Fl. 33137
TITLE	PE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINZING, DANIEL G	3.2 NAME	Goldin, Steve
STREET ADDRESS	650 JEFFERSON AVE #4	3.3 STREET ADDRESS	9500 S. Dadeland Blvd. # 600
CITY-ST-ZIP	MIAMI BCH FL 33139	3.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERSON, WILLIAM M	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., #1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, GLYNIS A	5.2 NAME	
STREET ADDRESS	3080 KIRK ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDIN, STEVE	6.2 NAME	Prinzing, Daniel G
STREET ADDRESS	9500 S. DADELAND BLVD., #600	6.3 STREET ADDRESS	1280 S. Alhambra Circle # 1227
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	Coral Gables, Fl. 33146

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: *Lydia Muniz* DATE: 4/29/99 305-441-9354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)