


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707490** (9)  
1. Corporation Name  
**REALTOR ASSOCIATION OF DADE COUNTY, INC.**

Principal Place of Business <b>245 ALCAZAR AVE. CORAL GABLES FL 33134</b>	Mailing Address <b>245 ALCAZAR AVE. CORAL GABLES FL 33134</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/26/1964</b>	
4. FEI Number <b>59-0977630</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLMAN, MARTHA J.  
245 ALCAZAR AVE.  
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

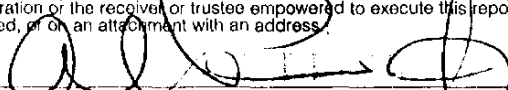
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <del>DELETE</del>
NAME	<b>HOWARD, LAURA</b>
STREET ADDRESS	<b>8433 SW 132ND ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	PD <del>DELETE</del>
NAME	<b>BUTLER, ELIZABETH</b>
STREET ADDRESS	<b>1380 S. DIXIE HWY.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>MCCONNAUGHY, JAME B.</b>
STREET ADDRESS	<b>4689 PONCE DE LEON BLVD., 3RD FLOOR</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	EVP <input type="checkbox"/> DELETE
NAME	<b>BULLMAN, MARTHA J.</b>
STREET ADDRESS	<b>245 ALCAZAR AVE.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	PED <input type="checkbox"/> DELETE
NAME	<b>PUIG, AL J.</b>
STREET ADDRESS	<b>11921 S. DIXIE HIGHWAY #201</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PED</b>
6.3 STREET ADDRESS	<b>Walter Earnest JR</b>
6.4 CITY-ST-ZIP	<b>1526 Ponce de Leon Blvd</b>
	<b>Coral Gables, FL 33134</b>

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:



4/29/98

444-6528

CR2E037 (10/97)