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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711491 (1)

1. Corporation Name

NORTH DADE CENTER, INC.



Principal Place of Business

Mailing Address

4481 N W 167 ST
OPALOCKA FL 33055-4311

4481 N W 167 ST
OPALOCKA FL 33055-4311

3. Date Incorporated or Qualified

09/15/1966

4. FEI Number

59-1149262

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, EVELYN
4481 N.W. 167TH ST.
OPA LOCKA FL 33054

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS FRIEDMAN, EVELYN
CITY-ST-ZIP 3010 MARCOS DR.- R BLDG
N. MIAMI BCH. FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS COLEMAN, RUTH
CITY-ST-ZIP 3750 NE 170TH ST.
N. MIAMI BCH. FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BLUNDERMAN, RICHARD
CITY-ST-ZIP 201 ALHAMBRA CIRCLE
CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME SD
STREET ADDRESS FIELDS, ADELE
CITY-ST-ZIP 3750 N.E. 170TH ST.
N.MIAMI BCH. FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD
4.3 STREET ADDRESS BEA JENKIN
4.4 CITY-ST-ZIP 3030 MARCOS DRIVE
N.MIAMI BCH. FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS NEWMAN, DELORES
CITY-ST-ZIP 8498 N.W. 7TH AVENUE
MIAMI FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PD
5.3 STREET ADDRESS DAULINE SHANFELD
5.4 CITY-ST-ZIP 3750 NE 170TH ST
N.MIAMI BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Bea Jenkin

1-31-98-(30725-5335

CR2E037 (10/97)