

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **714329** (0)

1. Corporation Name

EASTER SEAL SOCIETY OF DADE COUNTY, INC.



Principal Place of Business

Mailing Address

**1475 N W 14TH AVENUE
MIAMI FL 33125-1616**

**1475 N W 14TH AVENUE
MIAMI FL 33125-1616**

3. Date Incorporated or Qualified
03/26/1968

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

59-0722783

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINS, LARRY
1475 NW 14TH AVE
MIAMI FL 33125**

81 Name
JOAN L. BORNSTEIN, PHD

82 Street Address (P.O. Box Number is Not Acceptable)
1475 N.W. 14th AVENUE

83

84 City
MIAMI

FL

85 Zip Code
33125

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 **Joan L. Bornstein**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **DRESNICK, RONALD C**
STREET ADDRESS **3191 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **FVCD** ☒ DELETE
NAME **JUNGER, CYNTHIA B**
STREET ADDRESS **1148 S. ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SVCD** ☒ DELETE
NAME **BREIER, ROBERT G**
STREET ADDRESS **1320 S. DIXIE HWY #1104**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **SD** ☒ DELETE
NAME **SESSIONS, ELLEN**
STREET ADDRESS **1230 MENDOAVIA**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VP** ☒ DELETE
NAME **YANNO, ROBERT J**
STREET ADDRESS **ONE SE THIRD AVE, CITICORP INTERNATIONAL**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ DELETE
NAME **SANCHEZ, RALPH**
STREET ADDRESS **1110 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **SASTRE, ARISTIDES J.**
1.3 STREET ADDRESS **936 ALGARINGO AVENUE**
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **SILVERMAN, DR. BARRY J., M.D.**
2.3 STREET ADDRESS **19553 N.E. 37th AVENUE**
2.4 CITY-ST-ZIP **N. MIAMI BEACH, FL 33180**

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **SERRALLES, JUAN E., JR.**
3.3 STREET ADDRESS **4725 BAY POINT ROAD**
3.4 CITY-ST-ZIP **MIAMI, FL 33137**

4.1 TITLE **T/D** ☐ Change ☒ Addition
4.2 NAME **GUTIERREZ, MARITZA**
4.3 STREET ADDRESS **2179 MERIDIAN AVENUE**
4.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

5.1 TITLE **S/D** ☐ Change ☒ Addition
5.2 NAME **SESSIONS, MRS. ELLEN**
5.3 STREET ADDRESS **1230 MENDAVIA**
5.4 CITY-ST-ZIP **CORAL GABLES, FL 33146**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **GALLAGHER, ROBERT E., JR.**
6.3 STREET ADDRESS **4320 SANTA MARIA**
6.4 CITY-ST-ZIP **CORAL GABLES, FL 33146**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joan L. Bornstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 305-325-0470

Date

Daytime Phone #

CR2E037 (12/95)