FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS						S	Secret	ary	of	State
POCU Corporation				(0)		••							
EASTE	ir seal s	OCIETY OF	DADE COUN	TY, INC.					! 1 66 ()(1 166)	INTOK CINOC INCO	T 1841 A1811 B	: :6() 4(6() 8(8)(BIAN BIAN IBAN
Principal Place of Business Mailing Address								\dashv					
****** ** *****				1475 N W 14TH AVENUE MIAMI FL 33125-1616				3. Date Incorpora					
								-	03/26/19 4. FEI Number	700			Applied For
•									59-0722	783			Not Applicable
2. Principal P	lace of Busine	988	}	2a. Mailing Address					5. Certificate of S	tatus Desired	×	•	Additional
Suite, Apt.	# etc		26	Suite, Apt. #, etc.									Required
22	w, 010.		⊢ ¬	27					Election Campa Trust Fund Cor	-			May Be to Fees
City & Stat	e			City & State					7. Is this nonprofi				
28												💢 No	
Zip	-	Country	Zıı	Þ	Cour	ntry			8. This corporatio				
24		25 and Address of	29 Current Registers	ed Agent	30				O. Name and Add	rty Tax due Jun			No No
					- (81	Name		772330 2172 772		091515154	ngen	.
BORNSTEIN, JOAN L PHD						82	Street A	ddroee	(P.O. Box Numbe	r in Mot Accounts	ablo)		ш.
1475 NW 14TH AVE							Oli eel A	1001688	(r.o. box rumbe		шө		
MIAMI F	L 33 125					B3							
					ļī	84	City				1 1	85 Zip	Code
11. Pursuant	to the provisio	ns of Sections 6	17 0502 and 617	1508 Florida Statu	tes the ab	ove-	named c	COLOGIC	tion submits this st	atement for the	FL		ite registered
office or r	egistered age	ent, or both, in the	State of Florida.	Such change was	authorized	by t	the corpo	oration'	tion submits this st s board of director	s. I hereby acce	pt the ap	pointment a	s registered
SIGNATURE		i, and accopt the	r obligations of, be	3011011017.0303, F	ionua otatu	1100.							
	Signature, typed o		ered agent and title if ap		TE: Registered	Agent	t signature re	equired w			DATE		
12.	SAST	OFFICE	RS AND DIRECTO	PRS DELETE	13.	-	- 1		ADDITIONS/CHA	NGES TO OFFI	CERS AND		
NAME	RE, ARIS	TIDES J		C occert	1.1 TITL 1.2 NAM			C			_	Change	Addition
STREET ADDRESS		ARINGO AVE					30		stre, Ari				
CITY-ST-ZIP		ABLES FL					9.		Algarin Cal Gable		•		
TITLE	VO.		-	☐ DELETE	21 TiTL				di Gipit	. D		☐ Change	☐ Addition
NAME		an, <mark>dr</mark> barry	J MD		2.2 NAN	Æ							
STREET ADDRESS		37TH AVE			2.3 STR	EET AI	DDRESS						
CITY-ST-ZIP		BEACH FL		DELETE	2. 4 CIT		· ZIP					T 0	- 1 A 1 100
TITLE NAME	VD SEDDALL	ES, JUAN E JF	3	☐ nereie	3.1 TITL		Ì					Change	☐ Addition
STREET ADDRESS		POINT RD	1		3.2 NAM 3.3 STR		ODBESS						:
CITY-ST-ZIP	MIAMI FL	, 0,,,,,			3.4. C/T								
TITLE	πD			D€LETE	4.1 TITU							Change	Addition
NAME		Z, MARITZA			4. 2 NAN	νŒ	İ						
STREET ADDRESS		RIDIAN AVE			4.3 STRE	EET AC	DDRESS						
CITY-ST-ZIP	MIAMI BE SD	AUH FL		DECETE	4.4 CITY		ZIP					0	- 1 4 4 4 1 A
TITLE NAME		s, m rs ellen		DELETE	5.1 TITLI							Change	Addition
STREET ADDRESS	1230 MEN				5.2 NAM 5.3 STRE		MUBECC						
CITY-ST-ZIP	CORAL G				5.4 CITY		- 1						
TITLE	D			☐ DELETE	6.1 TITLE		-					Change	☐ Addition
NAME	GALLAGH	ea, robert e	JR		6.2 NAM	ΙĒ	İ					Ţ	
STREET ADDRESS	4320 SAN				63 STRE	ET AC	DDRESS						
CITY-ST-ZIP	CORAL G	ABLES FL			6.4 CITY	- 51 -	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.

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305-325-0420

FILED

Feb 09 1998 8:00am