

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 723679

(7)

95 FEB -8 AM 9:45

1. Corporation Name

DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

Mailing Address

7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1972

3a. Date of Last Report

02/10/1994

4. FEI Number

65-0240302

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

MARCHNER, RUSS
7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Russ Marchner

RUSS MARCHNER, EXEC. DIRECTOR 2/2/95

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARKER, JAMES T
STREET ADDRESS	6855 VERONESE ST
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VPD
NAME	SPIEGEL, ESTELLE
STREET ADDRESS	655 96TH ST
CITY-ST-ZIP	BAL HARBOR FL
TITLE	SVP
NAME	MILLER, HELEN
STREET ADDRESS	777 SHARAZAD BLVD
CITY-ST-ZIP	OPALOCKA FL
TITLE	TVP
NAME	VOGEL, PAUL D
STREET ADDRESS	7903 E DR
CITY-ST-ZIP	N. BAY VILLAGE FL
TITLE	S
NAME	SMITH, JUANITA
STREET ADDRESS	404 W. PALM AVE
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	G
NAME	GOTTLIEB, SUSAN
STREET ADDRESS	1700 CONVENTION CTR DR
CITY-ST-ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	MILLER, HELEN	
1.3 STREET ADDRESS	777 SHARAZAD BLVD.	
1.4 CITY-ST-ZIP	OPALOCKA, FL.	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	VOGEL, PAUL D.	
2.3 STREET ADDRESS	7903 EAST DR.	
2.4 CITY-ST-ZIP	N. BAY VILLAGE, FL.	
3.1 TITLE	SVP	☒ Change ☐ Addition
3.2 NAME	SMITH, JUANITA	
3.3 STREET ADDRESS	404 W. PALM AVE.	
3.4 CITY-ST-ZIP	FLORIDA CITY, FL.	
4.1 TITLE	TVP	☒ Change ☐ Addition
4.2 NAME	PEARLSON, DAVID	
4.3 STREET ADDRESS	1700 CONVENTION CTR DR.	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL.	
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	HISHCON, JEFF	
5.3 STREET ADDRESS	17011 N.E. 19TH AVE.	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL.	
6.1 TITLE	T	☒ Change ☐ Addition
6.2 NAME	CAVALIER, JOHN A., JR.	
6.3 STREET ADDRESS	201 WESTWARD DR.	
6.4 CITY-ST-ZIP	MIAMI SPRINGS, FL.	

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, unchanged, or on an attachment with an addition.

SIGNATURE:

Juanita S. Smith

2/2/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA S. SMITH, SECOND VICE PRES.