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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723679

1. Corporation Name

MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014

Mailing Address

7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0240302

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

*Russ Marchner, Executive Director* 2/24/99

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 VTD  
NAME GORT, WILFREDO  
STREET ADDRESS 3500 PAN AMERICAN DR  
CITY-ST-ZIP MIAMI FL

1.1 TITLE S/D  
1.2 NAME KINZER, MITCHELL  
1.3 STREET ADDRESS 9293 Harding Ave  
1.4 CITY-ST-ZIP Surfside, FL 33154

TITLE SD  
NAME R.S. SHIVER  
STREET ADDRESS 404 W. PALM AVE.  
CITY-ST-ZIP FLORIDA CITY FL

2.1 TITLE T/D  
2.2 NAME CADWELL, CARMEN  
2.3 STREET ADDRESS 501 PALM AVENUE  
2.4 CITY-ST-ZIP HIALEAH, FL 33011

TITLE T  
NAME REBECA SOSA  
STREET ADDRESS 901 S.W. 62ND AVE.  
CITY-ST-ZIP WEST MIAMI FL

3.1 TITLE V/D  
3.2 NAME SOSA, REBECA  
3.3 STREET ADDRESS 901 SW 62 AVE  
3.4 CITY-ST-ZIP West miami, FL 33144

TITLE PD  
NAME PEARLSON, DAVID  
STREET ADDRESS 1700 CONVENTION CTR DR  
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD  
NAME MISHCON, JEFF  
STREET ADDRESS 17011 NE 19TH AVE  
CITY-ST-ZIP N MIAMI BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VSD  
NAME CAVALIER, JOHN A JR  
STREET ADDRESS 201 WESTWARD DR  
CITY-ST-ZIP MIAMI SPRINGS FL

6.1 TITLE PD  
6.2 NAME CAVALIER, JOHN A JR  
6.3 STREET ADDRESS 201 WESTWARD DR  
6.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

2/24/99

Date

305/557-1722

Daytime Phone #

CR2E037 (11/98)