

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734107 (6)
1. Corporation Name
NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.



Principal Place of Business: 415 W. 51ST PL. HIALEAH FL 33012
Mailing Address: 415 W. 51ST PL. HIALEAH FL 33012

3. Date Incorporated or Qualified: 10/16/1975
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-0904809
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
Country: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARTON, SYDNEY R.
415 W. 51ST PL.
HIALEAH FL 33012

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	SD PYKE, ELIZABETH M 409 E 9TH ST HIALEAH FL	<input type="checkbox"/> DELETE	1.1 TITLE	SD COSTA, REINALDO 7330 W. 20th Ave Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD FENTANELLA, GERRI J 7307 MIAMI LAKES DR MIAMI LAKES FL	<input type="checkbox"/> DELETE	1.2 NAME	PD PONCE, JULIO 1255 W. 46th St. Suite #3 Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD PONCE JR, JULIO 420 W 49TH ST HIALEAH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	PRES-ELECT-DIRECTOR ORSINI-PIEDRA, MARIANELA 250 W. 49th St. Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TD ORSINI-PIEDRA, MARIANELA 250 W 49TH ST HIALEAH FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	TD PYKE, ELIZABETH M. 409 E. 9th St. Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP GARTON, SYDNEY R. 415 W. 51ST PL. HIALEAH FL	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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:

Sydney R. Garton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sydney R. Garton 1/19/96

(305) 557-1400

Date

Daytime Phone #

CR2E037 (12/95)