

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33012-3647
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1975		3a. Date of Last Report 01/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0904809		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)			
				83 415 WEST 51st PLACE			
				84 City HIALEAH FL 85 Zip Code 33012			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTA, REINALDO			1.2 NAME	LEAL, EFREN		
STREET ADDRESS	7330 W 20TH AVENUE			1.3 STREET ADDRESS	4242 WEST 16th AVE.		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	HIALEAH, FL. 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PONCE, JULIO			2.2 NAME	ORSINI-PIEDRA, MARIANELA		
STREET ADDRESS	1255 W 46TH STREET, SUITE 3			2.3 STREET ADDRESS	250 WEST 49th STREET		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PEO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORSINI-PIEDRA, MARIANELA			3.2 NAME	DIAZ, NORKA M.		
STREET ADDRESS	250 W 49TH STREET			3.3 STREET ADDRESS	134 EAST 49th STREET		
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP	HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYKE, ELIZABETH			4.2 NAME	GONZALEZ, JUANA MARIA		
STREET ADDRESS	409 E 9TH STREET			4.3 STREET ADDRESS	4180 EAST 4TH AVE.		
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-ZIP	HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARTON, SYDNEY R.			5.2 NAME	EVE MARULY		
STREET ADDRESS	415 W. 51ST PL.			5.3 STREET ADDRESS	415 WEST 51st PLACE		
CITY-ST-ZIP	HIALEAH FL			5.4 CITY-ST-ZIP	HIALEAH, FL. 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	300002205553		
NAME				6.2 NAME	-06/09/97--01057--022		
STREET ADDRESS				6.3 STREET ADDRESS	***70.00		
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE _____ DATE **5/22/97** (305) 557-1400

CR2E037 (9/96)