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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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3. Date Incorporated or Qualified 10/16/1975	3a. Date of Last Report 01/29/1996
4. FEI Number 59-0904809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, REINALDO	
STREET ADDRESS	7330 W 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PONCE, JULIO	
STREET ADDRESS	1255 W 46TH STREET, SUITE 3	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PEO	<input checked="" type="checkbox"/> DELETE
NAME	ORSINI-PIEDRA, MARIANELA	
STREET ADDRESS	250 W 49TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PYKE, ELIZABETH	
STREET ADDRESS	409 E 9TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	GARTON, SYDNEY R.	
STREET ADDRESS	415 W. 51ST PL.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEAL, EFREN	
1.3 STREET ADDRESS	4242 WEST 16th AVE.	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORSINI-PIEDRA, MARIANELA	
2.3 STREET ADDRESS	250 WEST 49th STREET	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
3.1 TITLE	PEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIAZ, NORKA M.	
3.3 STREET ADDRESS	134 EAST 49th STREET	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GONZALEZ, JUANA MARIA	
4.3 STREET ADDRESS	4180 EAST 4TH AVE.	
4.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
5.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVE MARULY	
5.3 STREET ADDRESS	415 WEST 51st PLACE	
5.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
6.1 TITLE	300002205553	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/09/97--01057--022	
6.3 STREET ADDRESS	***7D.00	
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)