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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
415 W. 51ST PL. HIALEAH FL 33012 415 W. 51ST PL. HIALEAH FL 33012

3. Date Incorporated or Qualified
10/16/1975
4. FEI Number
59-0904809 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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GARDON, SYDNEY R.
415 W. 51ST PL.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name ROSANNA PEREYRA-ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable) 415 W 51 PL
83
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 *[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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEAL, EFREN	
STREET ADDRESS	4242 WEST 16TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ORSINI-PIEDRA, MARIANELA	
STREET ADDRESS	250 WEST 49TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	DEAZ, NORKA M	
STREET ADDRESS	134 EAST 49TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JUANA M	
STREET ADDRESS	4180 EAST 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MARULY, EVE	
STREET ADDRESS	415 W. 51ST PL.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72

1.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEREYRA-ALVAREZ, ROSANNA	
1.3 STREET ADDRESS	415 W. 51ST PL	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIAZ, NORKA M	
3.3 STREET ADDRESS	134 E 49 STREET	
3.4 CITY-ST-ZIP	HIALEAH, FL 33013	
4.1 TITLE	President-Elect / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GONZALEZ, JUANA M.	
4.3 STREET ADDRESS	4180 EAST 4TH AVE	
4.4 CITY-ST-ZIP	HIALEAH, FL 33013	
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRACKETT, MARIA ELENA	
5.3 STREET ADDRESS	3295 W 4AVE	
5.4 CITY-ST-ZIP	HIALEAH, FL 33012	
6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BAZAN, JOSE	
6.3 STREET ADDRESS	175 West 49th Street (N/A)	
6.4 CITY-ST-ZIP	Hialeah, FL 33012	

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.

SIGNATURE: *[Signature]* 3/3/98 (305) 557-1400

CR2E037 (10/97)