

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>415 W. 51ST PL. HIALEAH FL 33012</b>	Mailing Address <b>415 W. 51ST PL. HIALEAH FL 33012</b>
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3. Date Incorporated or Qualified <b>10/16/1975</b>	
4. FEI Number <b>59-0904809</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>ROSANNA PEREYRA-ALVAREZ</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>415 W 51 PL</b>		
83		
84 City <b>HIALEAH</b>	85 State <b>FL</b>	86 Zip Code <b>33012</b>

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72	
1.1 TITLE <b>EVP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>PEREYRA-ALVAREZ, ROSANNA</b>	
1.3 STREET ADDRESS <b>415 W. 51ST PL</b>	
1.4 CITY-ST-ZIP <b>Hialeah, FL 33012</b>	
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 <b>PRESIDENT / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DIAZ, NORKA M</b>	
3.3 STREET ADDRESS <b>134 E 49 STREET</b>	
3.4 CITY-ST-ZIP <b>HIALEAH, FL 33013</b>	
4.1 TITLE <b>President-Elect / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>GONZALEZ, JUANA M.</b>	
4.3 STREET ADDRESS <b>4180 EAST 4TH AVE</b>	
4.4 CITY-ST-ZIP <b>HIALEAH, FL 33013</b>	
5.1 TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>BRACKETT, MARIA ELENA</b>	
5.3 STREET ADDRESS <b>3295 W 4AVE</b>	
5.4 CITY-ST-ZIP <b>HIALEAH, FL 33012</b>	
6.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>BAZAN, Jose</b>	
6.3 STREET ADDRESS <b>175 West 49th Street (N/A)</b>	
6.4 CITY-ST-ZIP <b>Hialeah, FL 33012</b>	

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)