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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 734107 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	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/16/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0904809
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	29
24	25	30
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEREYRA-ALVAREZ, ROSANNA 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREYRA-ALVAREZ, ROSANNA	1.2 NAME	
STREET ADDRESS	415 W. 51ST PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	PD DIAZ, NORKA M. D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERZ, NORKA M	2.2 NAME	DIAZ, NORKA M. (collect NAME)
STREET ADDRESS	134 EAST 49TH STREET	2.3 STREET ADDRESS	124 E. 49 Street
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	PED D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT-ELECT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JUANA M	3.2 NAME	ISRAEL Ameijeiras
STREET ADDRESS	4180 EAST 4TH AVE.	3.3 STREET ADDRESS	3725 S. OCEAN DRIVE # 324
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	Hollywood, FL 33012
TITLE	T D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRACKETT, MARIA ELENA	4.2 NAME	
STREET ADDRESS	3295 W 4 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	
TITLE	S D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZAN, JOSE	5.2 NAME	ILA J. SPENST
STREET ADDRESS	175 WEST 49TH STREET	5.3 STREET ADDRESS	9370 Sunset Drive # 266
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** 2/19/99 (305) 557-1480

CR2E037 (11/98)