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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736045

1. Corporation Name

MIAMI DADELAND ROTARY FOUNDATION, INC.

Principal Place of Business

9520 SW 118TH COURT
 MIAMI FL 33186
 US

Mailing Address

9520 SW 118TH COURT
 MIAMI FL 33186
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/09/1976

4. FEI Number

59-1710788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, RICHARD M
9485 SUNSET DR
A195
MIAMI FL 33173

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **D**
 NAME **REGO, MORRIS**
 STREET ADDRESS **13225 S.W. 69 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D**
 NAME **JOHNS, LOUIS G**
 STREET ADDRESS **9485 SUNSET DR A 195**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D**
 NAME **LIEBERMAN, RON**
 STREET ADDRESS **10625 SW 100 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P**
 NAME **BOROWSKI, WILLIAM**
 STREET ADDRESS **761 N.W. 12 AVENUE**
 CITY-ST-ZIP **DANIA FL**

TITLE **P**
 NAME **FERNANDEZ, JORGE**
 STREET ADDRESS **10876 SW 151 PL.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P**
 NAME **SPANGER, KATHY**
 STREET ADDRESS **9816 SW 193 ST.**
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V P** Change Addition
 1.2 NAME **IRA POZEN**
 1.3 STREET ADDRESS **9130 S. DADELAND BLVD #1510**
 1.4 CITY-ST-ZIP **MIAMI, FL 33156**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

SIGNATURE REQUIRED POZEN

3/1/99

305-670-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)