FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744103 (3)

1. Corporation Name

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COU NTY, INC.

Principal Place of Business	Mailing Address
1172 SOUTH DIXIE HIGHWAY #158 CORAL GABLES FL 33146	1172 SOUTH DIXIE HIGHWAY #158 CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 08/30/1978
3a. Date of Last Report: 11/13/1995

2. Principal Place of Business	2a. Mailing Address
21 1320 SOUTH DIXIE HWY.	26 1320 SOUTH DIXIE HWY.
Suite, Apt. #, etc. 22 845	Suite, Apt. #, etc. 27 845
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number: 59-1855923 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

FIELDS, VICTOR
2 BISCAYNE TOWER
SUITE 2100
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LOWELL, NATAHSA		12 NAME	
STREET ADDRESS	185 SUNRISE AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PANKEY, NANCY		22 NAME	
STREET ADDRESS	4325 LENNOX DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FEILDS, VICTOR		32 NAME	
STREET ADDRESS	2 BISCAYNE BLVD.#200		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)