

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747282** (2)
1. Corporation Name
CENTURY 21 DADE COUNTY ADVERTISING COUNCIL, INC.

Principal Place of Business	Mailing Address
3100 N.W. 77TH COURT MIAMI FL 33122-1115	7700 N. KENDALL DR. STE. #505 MIAMI FL 33156 US

3. Date Incorporated or Qualified 05/21/1979	4. FEI Number 59-1952880	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 20332 N.W. 2nd AVE Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State MIAMI, FL	27 City & State
23 Zip 33169	28 Country DADE
24	29

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOHNSON, GWEN
20332 NW 2ND AVE
MIAMI FL 33169**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	TO GWEN, JOHNSON <input type="checkbox"/> DELETE
NAME	20332 N.W. 2ND AVE.
STREET ADDRESS	MIAMI FL 33169
CITY - ST - ZIP	
TITLE	PD MOORRA, GEORGES <input checked="" type="checkbox"/> DELETE
NAME	13975 NW 67TH AVE
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	VT GUERRA, RICARDO <input checked="" type="checkbox"/> DELETE
NAME	MILLER SQUARE, 13790-6 SW 56TH ST
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	VT SALAS, LARRY <input checked="" type="checkbox"/> DELETE
NAME	8415 CORAL WAY STE. #203
STREET ADDRESS	MIAMI FL 33155
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAREN KILLEN
2.3 STREET ADDRESS	10800 BISCAYNE BLVD #900
2.4 CITY - ST - ZIP	MIAMI, FL 33161
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	MARIA ELENA MONTALONGO
3.4 CITY - ST - ZIP	1579 W. 60TH ST
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	LUCY CHARLES
4.4 CITY - ST - ZIP	18143 NE 19 AVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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; 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 as an attachment with an address.

SIGNATURE: 

CR2E037 (10/97)