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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 # 747282

1. Corporation Name

CENTURY 21 DADE COUNTY ADVERTISING COUNCIL, INC.

Principal Place of Business

20332 NW 2ND AVE
MIAMI FL 33169
US

Mailing Address

7700 N. KENDALL DR.
STE. #505
MIAMI FL 33156
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1979

4. FEI Number

59-1952880

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

JOHNSON, GWEN
20332 NW 2ND AVE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81

Name

DIANA H. TAVEL

82

Street Address (P.O. Box Number is Not Acceptable)

8300 SW 86TH ST. SUITE 108

83

84

City

MIAMI

FL

85

Zip Code

33144

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.

DIANA H. TAVEL

(NOTE: Registered Agent signature required when reinstating)

2-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GWEN, JOHNSON	
STREET ADDRESS	20332 N.W. 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAREN KILLEN	
STREET ADDRESS	10800 BISCAYNE BLVD #900	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARIA ELENA MONTELONGO	
STREET ADDRESS	1579 W 60TH ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LUCY CHARLES	
STREET ADDRESS	18143 NE 19TH AVE	
CITY-ST-ZIP	MIAMI FL 33162	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIANA H. TAVEL	
1.3 STREET ADDRESS	8300 SW 86TH ST. #108	
1.4 CITY-ST-ZIP	MIAMI, FL. 33144	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEVE SHIVER	
2.3 STREET ADDRESS	97 N.E. 15 ST.	
2.4 CITY-ST-ZIP	HOMESTEAD, FL. 33030	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALFA CUBAS	
3.3 STREET ADDRESS	10621 SW 88TH	
3.4 CITY-ST-ZIP	MIAMI, FL. 33176	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JULIA RIQUELME	
4.3 STREET ADDRESS	8701 SW 137 AVE.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33183	
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

Date

(305) 267-5711

Daytime Phone #

CR2E037 (1/198)