FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

DOCUMENT # **750879** **(9)**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 1:06

INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business:
16340 WOOD WALK
MIAMI LAKES FL 33014-6018
US

Mailing Address:
15476 NW 79 CT
STE 513
MIAMI LAKES FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1988078 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 7100 N W 12th STREET
22 Suite, Apt #, etc: SUITE 109
23 City & State: MIAMI, FLORIDA
24 Zip: 33126 25 Country: DADE

2a. Mailing Address
26 7100 N W 12th STREET
27 Suite, Apt #, etc: SUITE 109
28 City & State: MIAMI, FLORIDA
29 Zip: 33126 30 Country: DADE

9. Name and Address of Current Registered Agent

GRACE, CHRISTINE M
16340 WOOD WALK
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: PAUL J GOMEZ
82 Street Address (P.O. Box Number is Not Acceptable): 7550 N.W. 51st TERRACE
83
84 City: POMPANO BEACH FL 85 Zip Code: 33073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] PAUL J. GOMEZ, EXECUTIVE DIRECTOR 4/21/95

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KRENZ, GINGER Y.
STREET ADDRESS	8250 NW 27 ST
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	SUMNER, YANCEY E
STREET ADDRESS	1000 BRICKELL AVE. STE 1200
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	GIBSON, O. FORD
STREET ADDRESS	2 ALHAMBRA PLAZA, PH II
CITY-ST-ZIP	CORAL GABLES FL
TITLE	S
NAME	ROZEN, DAVID L
STREET ADDRESS	2875 NE 191 ST STE 702A
CITY-ST-ZIP	NO MIAMI BCH FL
TITLE	TD
NAME	~~POWELL, GEORGE~~
STREET ADDRESS	~~15280 NW 79TH CT STE 101~~
CITY-ST-ZIP	~~MIAMI LAKES FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
1-2 NAME	KRENZ, GINGER Y.	
1-3 STREET ADDRESS	8250 NW 27TH ST, SUITE 309	
1-4 CITY-ST-ZIP	MIAMI, FL 33122	
2-1 TITLE	VICE PRESIDENT/DIRECTOR	☒ Change ☐ Addition
2-2 NAME	GIBSON, O. FORD	
2-3 STREET ADDRESS	2 ALHAMBRA PLAZA, PH II	
2-4 CITY-ST-ZIP	CORAL GABLES FL 33134	
3-1 TITLE	TREASURER/DIRECTOR	☐ Change ☒ Addition
3-2 NAME	SIGERMAN, MICHAEL	
3-3 STREET ADDRESS	5761 NW 37TH AVE	
3-4 CITY-ST-ZIP	MIAMI, FL 33142	
4-1 TITLE	SECRETARY/DIRECTOR	☐ Change ☒ Addition
4-2 NAME	ARCE, LORENZO, E	
4-3 STREET ADDRESS	10598 NW SOUTH RIVER DRIVE	
4-4 CITY-ST-ZIP	MIAMI, FL 33178	
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		

REMITTED BY MAY 1

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)(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.

SIGNATURE: [signature] MICHAEL SIGERMAN TREASURER 4/21/95 (305) 635-3469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006343