

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 750879 (9)

1. Corporation Name

INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

7100 NW 12TH ST
SUITE 109
MIAMI FL 33126
US

7100 NW 12TH ST
SUITE 109
MIAMI FL 33126
US

FILED
Sep 02 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

01/31/1980

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. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, PAUL J
7550 NW 51ST TERRACE
POMPANO BEACH FL 33073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SIGERMAN, MICHAEL
STREET ADDRESS 5781 NW 37TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE PD/T
1.2 NAME ARCE LORENZO E.
1.3 STREET ADDRESS 10598 N.W. SOUTH RIVER DR.
1.4 CITY-ST-ZIP MIAMI, FL 33178

☒ Change ☐ Addition

TITLE VPD
NAME ARCE, LORENZO E
STREET ADDRESS 10598 NW SOUTH RIVER DR
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE VPD/T
2.2 NAME COLANGILO, DEBBIE
2.3 STREET ADDRESS 4500 N. STATE RD T. # 305
2.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

☒ Change ☐ Addition

TITLE TD
NAME COLANGILO, DEBBIE
STREET ADDRESS 7100 NW 12TH ST., #109
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

3.1 TITLE TD/T
3.2 NAME HOWELL, J. LADD
3.3 STREET ADDRESS 469 W. 83RD ST
3.4 CITY-ST-ZIP HIALEAH, FL 33014

☒ Change ☐ Addition

TITLE SD
NAME HOWELL, J. LADD
STREET ADDRESS 7100 NW 12TH ST
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

4.1 TITLE SD/T
4.2 NAME LANGIER, ROGER E.
4.3 STREET ADDRESS 8901 N.W. 7TH AVE
4.4 CITY-ST-ZIP MIAMI, FL 33150

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/98 305 637 9970

CR2E037 (5/98)