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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754137 (8)

1. Corporation Name

DADE COUNTY OVERALL TENANT ADVISORY COUNCIL, INC



Principal Place of Business Mailing Address

1407 N.W. 7 STREET MIAMI FL 33125 **1407 N.W. 7 STREET MIAMI FL 33125-3601**

3. Date Incorporated or Qualified 09/11/1980	3a. Date of Last Report 04/09/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**WHACK, HELEN
1407 N.W. 7 STREET
MIAMI FL 33125**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PCD	WHACK, HELEN	2017 N.W. 4TH COURT	MIAMI FL 33127	<input type="checkbox"/>
VPD	ROBINSON, TESSA	6131 N.W. 20TH AVENUE	MIAMI FL 33142	<input checked="" type="checkbox"/>
TD	LINDSEY, BARBARA	255 N.W. 191 LANE	MIAMI FL 33150	<input checked="" type="checkbox"/>
SD	DUPONT, JEANETTE	11308 S.W. 191 LANE	MIAMI FL 33157	<input checked="" type="checkbox"/>
S	GREEN IVONNE	41 NW 34TH TERRACE	MIAMI FL	<input type="checkbox"/>
RD	ALLEN, DELORES	1215 N.W. 95 STREET, #208	MIAMI FL 33150	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
V PD	DELORES ALLEN	1215 N.W. 95 Street	MIAMI, FL 33147	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JOAN HUNT	1150 N.W. 11 Street Road Apt. 714	MIAMI, FL 33136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MATTIE BETHEL	200 NW 55 Street Apt. 207	MIAMI, FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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: Helen Whack - HELEN WHACK 3-21-97 (305) 541-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028200

CR2E037 (9/96)