FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762427 (3)

1. Corporation Name

U.S.O. COUNCIL OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
MIAMI INTERNATIONAL AIRPORT CONCOURSE E MIAMI FL 33299 US	PO BOX 900940 HOMESTEAD FL 33090 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1982
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1030595 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 CONCOURSE "B" LEVEL 4	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PERRY, ARNOLD
ST. MARKS LUTHERAN CHURCH
3930 LEJEUNE RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PD ☒ Change ☐ Addition
NAME	SANTEIRO, G.J.	12 NAME	SANTEIRO, G. J.
STREET ADDRESS	400 S.W. 2ND AVE., P.O. BOX 025209	13 STREET ADDRESS	1403 MADRID ST
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CARRIER, L R	22 NAME	
STREET ADDRESS	1433 NW 20TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	33030-2808
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	HARTLEY, BRODES	32 NAME	KEITH WHITBECK
STREET ADDRESS	10300 SW 216TH ST.	33 STREET ADDRESS	13615 S. DIXIE HIGHWAY # 113
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL. 33176
TITLE	TD	41 TITLE	D ☒ Change ☐ Addition
NAME	PERRY, ARNOLD	42 NAME	
STREET ADDRESS	3930 LEJEUNE RD	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	33134-7116
TITLE	S	51 TITLE	SD ☒ Change ☐ Addition
NAME	MONTFORT, ALINDA	52 NAME	SUSAN SPENCER
STREET ADDRESS	1401 BISCAYNE BLVD	53 STREET ADDRESS	8485 N.W 53RD TER. # 200
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE		61 TITLE	TD ☐ Change ☒ Addition
NAME		62 NAME	PATRICK ONATE
STREET ADDRESS		63 STREET ADDRESS	909 S.E. 1ST AVE
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI, FL. 33131-5030

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: L.R. Carrier _____ 1/31/95 305 248-5074
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000078