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 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763386 (0)

1. Corporation Name

CRIMESTOPPERS OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
9105 NW 25 ST.. ROOM 1040 MIAMI FL 33172	9105 NW 25 ST.. ROOM 1040 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1982
3a. Date of Last Report: 09/29/1994
4. FEI Number: 59-2214818 ☐ 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) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

VINA, GEORGE F
5975 SUNSET DRIVE
STE: 605
S: MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 255 ALHAMBRA CIRCLE
83 SUITE 715
84 City: CORAL GABLES FL 85 Zip Code: 33134

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	C	1.1 TITLE	"D"	☐ Change ☐ Addition
NAME	MCKIBBEN, MARLY C	1.2 NAME		
STREET ADDRESS	9105 NW 25 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE	"D"	☐ Change ☐ Addition
NAME	JURNEY, KENT	2.2 NAME		
STREET ADDRESS	9105 NW ST ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	"D"	☐ Change ☐ Addition
NAME	STILES, WAYNE	3.2 NAME		
STREET ADDRESS	777 BRICKELL AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	"D"	☒ Change ☐ Addition
NAME	~~VINAU, GEORGE~~	4.2 NAME	VIÑA, GEORGE	
STREET ADDRESS	~~5975 SUNSET DR.~~	4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE #715	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	5.1 TITLE	"D"	☐ Change ☐ Addition
NAME	FISCH, RAMON B	5.2 NAME		
STREET ADDRESS	407 LINCOLN RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I/We 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George F. VINA 2/21/95 305-441-0070
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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