FILE NOW: FILING FEE AFTER MAY 1 '95 $155.00

CORPORATION ANNUAL REPORT

1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:18

DOCUMENT # 766270 (3)

1. Corporate Name

INFORMED FAMILIES OF DADE COUNTY INC.

Principal Place of Business	Mailing Address
9350 S. DADELAND BLVD. # 202 MIAMI FL 33156	9350 S. DADELAND BLVD. # 202 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1982

3a. Date of Last Report: 02/21/1994

4. FEI Number: 59-2231894 ☐ Applied For ☐ Not Applicable

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)

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

9. Name and Address of Current Registered Agent

SAPP, PEGGY B.
~~9200 S. DADELAND BLVD.~~ → 9350 S. Dadeland Blvd
STE. #509 # 202
MIAMI, FL 33156

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	PD	11 TITLE	P D	☒ Change ☐ Addition
NAME	CASH, THOMAS V	12 NAME	ELENA JAKUBOWICZ	
STREET ADDRESS	DEA, 8400 NW 53 ST.	13 STREET ADDRESS	2000 S. Bayshore Dr., Villa #44	
CITY-ST-ZIP	MIAMI FL 33166	14 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	M	21 TITLE		☐ Change ☐ Addition
NAME	SAPP, PEGGY B	22 NAME		
STREET ADDRESS	7201 SW 47TH CT	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	JAKUBOWICZ, ELENA	32 NAME	Ileana Hernandez	
STREET ADDRESS	300 CASTANERA	33 STREET ADDRESS	2333 Brickell Ave., Apt. 1812	
CITY-ST-ZIP	CORAL GABLES FL 33146	34 CITY-ST-ZIP	Miami, FL 33129	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS DAVID JR.	42 NAME		
STREET ADDRESS	17640 NW 18 AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	TURNDULL JAYE	52 NAME	SIDNEY P. SCHREER	
STREET ADDRESS	1000 ASTURIA AVE.	53 STREET ADDRESS	6409 Caballero Blvd.	
CITY-ST-ZIP	CORAL GABLES FL 33146	54 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	SCHREER, SIDNEY P	62 NAME	RAFAEL QUINTANA	
STREET ADDRESS	6409 CALALLERO BLVD.	63 STREET ADDRESS	Republic Nat'l. Bank/10 NW 42 Ave, 6 FL	
CITY-ST-ZIP	CORAL GABLES FL 33146	64 CITY-ST-ZIP	Miami, FL 33126	

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: Sidney P. Schreer 1/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0004100