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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 766270 (3)

1. Corporation 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 33156-2706

3. Date Incorporated or Qualified: 12/23/1982
3a. Date of Last Report: 01/29/1996

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:

4. FEI Number: 59-2231894 ☐ 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

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.
9350 S. DADELAND BLVD
#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 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 _____ 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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAKUBOWICZ, ELENA		1.2 NAME		
STREET ADDRESS	2000 S BAYSHORE DR VILLA #44		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAPP, PEGGY B		2.2 NAME		
STREET ADDRESS	7201 SW 47TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANTAFF, WILLIAM C		3.2 NAME		
STREET ADDRESS	150 W FLAGLER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS DAVID JR.		4.2 NAME		
STREET ADDRESS	17640 NW 18 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		4.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENNES, JIM P		5.2 NAME		
STREET ADDRESS	1500 BISCAYNE BLVE 341		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	QUINTANA, RAFAEL		6.2 NAME		
STREET ADDRESS	10 NW 42ND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 1/14/97 305-670-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0027604