

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

00 FEB -8 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768204 (0)

1. Corporation Name

DADE COUNTY EDUCATIONAL ACCESS INC.



Principal Place of Business

Mailing Address

1570 MADRUGA AVE  
STE 211  
CORAL GABLES FL 33146  
US

404 Viscaya Ave  
Coral Gables, FL.  
33134  
1570 MADRUGA AVE  
STE 211  
CORAL GABLES FL 33146  
US

3. Date Incorporated or Qualified

04/29/1983

4. FEI Number

65-0191918

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 172 N.E. 15th St.

26 404 Viscaya Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL.

28 Coral Gables, FL.

24 Zip 33132

25 Country U.S.A.

29 Zip 33134

30 Country U.S.A.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No NA

9. Name and Address of Current Registered Agent

PAUL D. BARNES, JR.  
404 VISCAYA AVENUE  
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name

Paul D. Barnes, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

404 Viscaya Ave.

83

84 City

Coral Gables

FL

85 Zip 33134

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

Paul D. Barnes, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME SAGOSTUME, GUSTAVO  
STREET ADDRESS 172 NE 15TH ST  
CITY-ST-ZIP MIAMI FL

TITLE VCD ☐ DELETE

NAME GREER, ALAN  
STREET ADDRESS 201 S. BISCAYNE BLVD, 10TH FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME BARNES, PAUL D. JR.  
STREET ADDRESS 404 VISCAYA AVENUE  
CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

600003128746--3

1.3 STREET ADDRESS

-02/08/00--01011--001

1.4 CITY-ST-ZIP

\*\*\*1058.75 \*\*\*367.50

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PAUL D. BARNES, JR.  
404 VISCAYA AVENUE  
CORAL GABLES, FLORIDA 33134

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

LS

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

REINSTATEMENT

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

358.75  
377.75

14. I 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 305-476-0600

Date

Daytime Phone #

0030380

CR2E037 (10/97)