

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N00184

(4)

1. Corporation Name

THE FORUM OF NORTH DADE, INC.

Principal Place of Business

Mailing Address

17071 W. DIXIE HIGHWAY
P.O. BOX 600-550
N. MIAMI BEACH FL 33160

17071 W. DIXIE HIGHWAY
P.O. BOX 600-550
N. MIAMI BEACH FL 33160

FILED
Aug 12 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

12/05/1983

4. FEI Number

59-2517308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

CABRERA, JULIO
39 N.W. 166TH ST. #5
MIAMI FL 33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME CABRERA, JULIO
STREET ADDRESS 39 N.W. 166TH ST., #5
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME GREENBARG, CHARLOTTE
STREET ADDRESS 1054 N NORTH LAKE DR
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE D
NAME NOTOWITZ, SCOTT
STREET ADDRESS 16855 NE 2ND AVENUE 302B
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D
NAME SCHLOSSBERG, MICHAEL
STREET ADDRESS 7481 W OAKLAND PARK BLVD 305
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

TITLE D
NAME KLOSKY, LARRY
STREET ADDRESS 16900 NE 19 AVE
CITY-ST-ZIP N MIAMI BCH FL

☐ DELETE

TITLE DP
NAME STREINER, SAM A-1 PRIVA
STREET ADDRESS 1175 NE 125TH ST #417
CITY-ST-ZIP N MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Cabrera

7/8/98

954-98-7740

CR2E037 (5/98)