

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:49

DOCUMENT # **N00527 (4)**

1. Corporation Name
DADE COUNTY YOUTH FAIR AND EXPOSITION, INC.

Principal Place of Business Mailing Address
10901 CORAL WAY MIAMI FL 33165-2337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1983** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1039811** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUCHS, E DARWIN
10901 CORAL WAY
MIAMI FL 33165**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **MISICK, ROBERT**
STREET ADDRESS **6428 SW 11 ST**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME **ALEXANDER, IVONNE**
1.3 STREET ADDRESS **12811 S W 148 ST RD**
1.4 CITY-ST-ZIP **MIAMI FL**

TITLE **DV**
NAME **ALEXANDER, IVONNE**
STREET ADDRESS **12811 SW 148 ST RD**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME **DOTSON, ALBERT**
2.3 STREET ADDRESS **17901 S W 78 AVE**
2.4 CITY-ST-ZIP **MIAMI FL**

TITLE **DT**
NAME **DOTSON, ALBERT**
STREET ADDRESS **17901 SW 78 AVE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
3.2 NAME **GOODE, R RAY**
3.3 STREET ADDRESS **7240 S W 146 TERR**
3.4 CITY-ST-ZIP **MIAMI FL**

TITLE **DS**
NAME **GOODE, R RAY**
STREET ADDRESS **7240 SW 146 TERR**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME **LORIA, DOUGLAS S**
4.3 STREET ADDRESS **10401 S W 139 ST**
4.4 CITY-ST-ZIP **MIAMI FL**

TITLE **DV**
NAME **FUCHS, E. DARWIN**
STREET ADDRESS **6401 SW 102ND STREET**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(k), 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 registrar, or I am also 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, with my attached typed or printed address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E DARWIN FUCHS

Date

305 223-7060

Daytime Phone #