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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00527

1. Corporation Name

DADE COUNTY YOUTH FAIR AND EXPOSITION, INC.

Principal Place of Business

10901 CORAL WAY  
MIAMI FL 33165-2337

Mailing Address

10901 CORAL WAY  
MIAMI FL 33165-2337



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified  
12/22/1983

4. FEI Number  
59-1039811

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

9. Name and Address of Current Registered Agent

FUCHS, E DARWIN  
10901 CORAL WAY  
MIAMI FL 33165

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 DP  
NAME DOTSON, ALBERT  
STREET ADDRESS 17901 S W 78 AVE  
CITY-ST-ZIP MIAMI FL

TITLE DV  
NAME GOODE, R R  
STREET ADDRESS 7240 S W 146 TERR  
CITY-ST-ZIP MIAMI FL

TITLE DT  
NAME LORIA, DOUGLAS S  
STREET ADDRESS 10401 S W 139 ST  
CITY-ST-ZIP MIAMI FL

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

TITLE DS  
NAME GRIFFITH, JACK  
STREET ADDRESS 9490 SW 117TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS  
1.2 NAME KRINZMAN, RICHARD  
1.3 STREET ADDRESS 2645 SO BAYSHORE DR APT 1101  
1.4 CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE DC  
2.2 NAME GOODE, R R  
2.3 STREET ADDRESS 7240 S W 146 TER  
2.4 CITY-ST-ZIP MIAMI FL

3.1 TITLE DCE  
3.2 NAME LORIA, DOUGLAS S  
3.3 STREET ADDRESS 10401 S W 139 ST  
3.4 CITY-ST-ZIP MIAMI FL

4.1 TITLE DP  
4.2 NAME FUCHS, E DARWIN  
4.3 STREET ADDRESS 6401 S W 102 ST  
4.4 CITY-ST-ZIP MIAMI FL

5.1 TITLE DT  
5.2 NAME GRIFFITH, JACK  
5.3 STREET ADDRESS 9490 S W 117 TER  
5.4 CITY-ST-ZIP MIAMI FL

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

*E. Darwin Fuchs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E DARWIN FUCHS

Date

04/28/99

Daytime Phone #

305 223-7060

CR2E037 (1/98)