1 of 2

NONPROFIT CORPORATION ANNUAL REPORT

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

FILED
04 APR 21 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003224

1. Corporation Name

Friends of the Miami-Dade Local Branch, Inc.

0304

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report
4/30/2002	N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 90 N.E. STREET	26 90 N.E. STREET	43-1991197	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 MIAMI SHORES FL	City & State 28 MIAMI SHORES FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33138 / County 25	Zip 29 33138 / County 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
Roland Sanchez-Medina Jr. The Colonnade, Suite 302 2333 Ponce de Leon Blvd. Coral Gables, FL 33131	81 Name REINSTATEMENT 82 Street Address (P.O. Box Number is Not Acceptable) 300035777873 83 05/07/04--01085--001 **122.50 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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 E.S. Davila Roland Sanchez-Medina by E.S. Davila as attorney-in-fact 4/14/04
Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE D 1.2 NAME Adora Obi Nweze 1.3 STREET ADDRESS 90 N.E. STREET 1.4 CITY-ST-ZIP MIAMI SHORES, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE D 2.2 NAME William D. Talbert III 2.3 STREET ADDRESS 90 N.E. STREET 2.4 CITY-ST-ZIP MIAMI SHORES, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE D 3.2 NAME The Honorable Alex Penelas 3.3 STREET ADDRESS 90 N.E. STREET 3.4 CITY-ST-ZIP MIAMI SHORES, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

~~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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE E.S. Davila by E.S. Davila as attorney-in-fact 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Friends of the Miami-Dade Local Branch, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. $122.50 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Elena S Davila

Name: Elena S. Davila
Title: Authorized Person
Date: 4/14/04