

FILE NOW: FILING FEE IS \$61.25

FILED
May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N02462 (2)

1. Corporation Name
DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC.



Principal Place of Business Mailing Address
8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1605
8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1620

3. Date Incorporated or Qualified 04/10/1984
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 65-0056215 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DONN, MICKEY
8000 NW 21 ST STE 222
SUITE 330
MIAMI FL 33122
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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELABERT, MANNY	1.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, STEVEN	2.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122-1605	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINEY, GARY	3.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122-1605	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONN, MICKEY	4.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLS, STANLEY	5.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MIKE	6.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: Mickey Donn Requierey DATE: 4/21/97 DAYTIME PHONE: 305-593-6100

CR2E037 (9/96)