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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **NO4800** (1)
1. Corporation Name
DADE PUBLIC EDUCATION FUND, INC.

Principal Place of Business Mailing Address

4299 NW 36TH ST.
STE 325
MIAMI FL 33131
US

4299 NW 36TH ST.
STE 325
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1984** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-2468114** Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

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

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

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **4299 NW 36th St.** 26 **4299 NW 36th St.**

22 Suite, Apt. #, etc. **Suite 203** 27 Suite, Apt. #, etc. **Suite 203**

23 City & State **Miami, Florida** 28 City & State **Miami, FL**

24 Zip **33166** 25 Country 29 Zip **33166** 30 Country

9. Name and Address of Current Registered Agent

**BARRY CRAIG C/O MERSHON SAWYER ET AL
SE FINANCIAL CENTER #4500
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Henry H. Raattama, Jr., Esq.**

82 Street Address (P.O. Box Number is Not Acceptable) **Mershon, Sawyer, Johnston, et al**

83 **200 S. Biscayne Blvd., Suite 4500**

84 City **Miami** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE *Henry H. Raattama, Jr.* **Henry H. Raattama, Jr.** DATE **4/14/95**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	CURRY, JAY
STREET ADDRESS	9100 NW 36TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	KLINGER, DENNIS M
STREET ADDRESS	3600 NW 82ND AVE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	VD
NAME	BOLLINGER, EDWARD
STREET ADDRESS	1050 CARRIBEAN WAY
CITY - ST - ZIP	MIAMI FL
TITLE	PED
NAME	FERNANDEZ, TED
STREET ADDRESS	1 BISCAYNE TOWER #2900
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	D
NAME	PETREY, LUCY
STREET ADDRESS	508 CASTANIA AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	SD
NAME	COHEN, MARK
STREET ADDRESS	520 BRICKELL KEY DR. 514
CITY - ST - ZIP	MIAMI, FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert del Castillo
1.3 STREET ADDRESS	201 S. Biscayne Blvd., Ste.2900
1.4 CITY - ST - ZIP	Miami, FL 33131-2317
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Benigno Aguirre
2.3 STREET ADDRESS	780 NW 42nd Avenue
2.4 CITY - ST - ZIP	Miami, FL 33144
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Fiorello
3.3 STREET ADDRESS	18545 Biscayne Blvd.
3.4 CITY - ST - ZIP	North Miami Beach, FL 33189
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pat Tornillo
4.3 STREET ADDRESS	2929 SW 3rd Avenue
4.4 CITY - ST - ZIP	Miami, FL 33129
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lucy A. Petrey* **Lucy Petrey** DATE **4/11/95** **6065-3371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (System Form 2)