

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04800** (1)

1. Corporation Name  
**DAE PUBLIC EDUCATION FUND, INC.**



Principal Place of Business: 4299 NW 36TH ST. STE. 203 MIAMI FL 33166 US  
Mailing Address: 4299 NW 36TH ST. STE. 203 MIAMI FL 33166 US

3. Date Incorporated or Qualified: 08/21/1984  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2468114		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

RAATTAMA, HENRY H ESQ.  
MERSHONS, SAWYER, JOHNSTON, ET AL  
200 S. BISCAYNE BLVD., STE. 4500  
MIAMI FL 33131

81 Name: Raattama, Henry H. Esq.  
82 Street Address (P.O. Box Number is Not Acceptable): Akerman Senterfitt & Edison, P.A.  
83 1 S.E. 3rd Avenue - 28th Floor - Suntrust Internat'l Ctr.  
84 City: miami FL 85 Zip Code: 33131

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: *Henry H. Raattama* HENRY H. RAATTAMA, JR. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: CURRY, JAY	1.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 9100 NW 36TH ST.	CITY-ST-ZIP: MIAMI FL	1.2 NAME: Curry, Jay	1.3 STREET ADDRESS: 9100 N.W. 36th Street
		1.4 CITY-ST-ZIP: miami, FL 33178	
TITLE: PD	NAME: KLINGER, DENNIS M	2.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3600 NW 82ND AVE	CITY-ST-ZIP: MIAMI, FL 33131	2.2 NAME: Klinger, Dennis M.	2.3 STREET ADDRESS: 9250 W. Flagler Street
		2.4 CITY-ST-ZIP: miami, FL 33174	
TITLE: VD	NAME: BOLLINGER, EDWARD	3.1 TITLE: PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1050 CARRIBEAN WAY	CITY-ST-ZIP: MIAMI FL	3.2 NAME: Aguirre, Benigno	3.3 STREET ADDRESS: 780 N.W. 42nd Avenue
		3.4 CITY-ST-ZIP: miami, FL 33126	
TITLE: PED	NAME: FERNANDEZ, TED	4.1 TITLE: VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1 BISCAYNE TOWER #2900	CITY-ST-ZIP: MIAMI, FL 33145	4.2 NAME: Nixon, David	4.3 STREET ADDRESS: 2655 LeJeune Road, Suite 1015
		4.4 CITY-ST-ZIP: Coral Gables, FL 33134	
TITLE: D	NAME: PETREY, LUCY	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 508 CASTANIA AVE	CITY-ST-ZIP: CORAL GABLES FL	5.2 NAME:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	
TITLE: SD	NAME: COHEN, MARK	6.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 520 BRICKELL KEY DR. 514	CITY-ST-ZIP: MIAMI, FL 33147	6.2 NAME: Cohen, Mark	6.3 STREET ADDRESS: 520 Brickell Key Drive #514
		6.4 CITY-ST-ZIP: miami, FL 33147	

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

SIGNATURE: *Benigno Aguirre* Benigno Aguirre Date: 3-7-96 Daytime Phone #: 569-5444

CR2E037 (12/95)