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May 20 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 # N04800 (1)

1. Corporation Name  
DADE PUBLIC EDUCATION FUND, INC.



Principal Place of Business Mailing Address  
4299 NW 36TH ST. STE. 203 MIAMI FL 33166 US  
4299 NW 36TH ST. STE. 203 MIAMI FL 33166-7345 US

3. Date Incorporated or Qualified 08/21/1984  
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-2468114  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country  
24 25 29 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

RAATTAMA, HENRY H ESQ  
AKERMAN SENTERFITT & EDISON PA  
1 SE 3RD AVE 28TH FLOOR SUNTRUST INTER  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, JAY	
STREET ADDRESS	9100 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLINGER, DENNIS M.	
STREET ADDRESS	9250 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGUIRRE, BENIGNO	
STREET ADDRESS	780 NW 42ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIXON, DAVID	
STREET ADDRESS	2655 LEJEUNE ROAD SUITE 1015	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETREY, LUCY	
STREET ADDRESS	508 CASTANIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MARK	
STREET ADDRESS	520 BRICKELL KEY DRIVE #514	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nixon, David
4.3 STREET ADDRESS	407 Lincoln Road, 3rd Floor
4.4 CITY-ST-ZIP	Miami Beach, FL. 33139-3008
5.1 TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Linda Lecht
5.3 STREET ADDRESS	4299 N.W. 36 Street, Suite 203
5.4 CITY-ST-ZIP	Miami, FL. 33166
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID FIORELLO
6.3 STREET ADDRESS	200 S. BISCAYNE BLVD., 15 FLOOR
6.4 CITY-ST-ZIP	MIAMI, FLORIDA

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.

CR2E037 (9/96)