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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N04800

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
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/21/1984

22 City & State

27 City & State

4. FEI Number
59-2468114

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAATTAMA, HENRY H ESO
AKERMAN SENTERFIT & 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 DELETE
 NAME **D CURRY, JAY**
 STREET ADDRESS **9100 NW 36TH STREET**
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
 1.2 NAME **PD JOANNA WRAGG**
 1.3 STREET ADDRESS **1000 BRICKELL AVE., SUITE 400**
 1.4 CITY-ST-ZIP **MIAMI, FL**

TITLE DELETE
 NAME **D KLINGER, DENNIS M.**
 STREET ADDRESS **9250 W FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D AGUIRRE, BENIGNO**
 STREET ADDRESS **780 NW 42ND AVE**
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD NIXON, DAVID**
 STREET ADDRESS **407 LINCOLN RD 3RD FLOOR**
 CITY-ST-ZIP **MIAMI BEACH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **ED LECHT, LINDA**
 STREET ADDRESS **4299 NW 36 ST STE 203**
 CITY-ST-ZIP **MIAMI FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D FIORELLO, DAVID**
 STREET ADDRESS **200 S BISCAYNE BLVD 15 FLOOR**
 CITY-ST-ZIP **MIAMI FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (305) 884-2172

CR2E037 (11/98)