

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:56

DOCUMENT # **N07240** (7)
1. Corporation Name
DADE COUNTY FAWL SCHOLARSHIP LOAN FUND INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**201 S. BISCAYNE BLD.
SUITE 1500
MIAMI FL 33131
US**

Mailing Address
**201 S. BISCAYNE BLD.
SUITE 1500
MIAMI FL 33131
US**

3. Date Incorporated or Qualified
01/23/1985

3a. Date of Last Report
05/31/1994

4. FEI Number
59-2480664

Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

5. Certificate of Status Desired
☐ **\$8.75 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. 199.032,
Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**MADORSKY, MARSHA G.
2665 SOUTH BAYSHORE DR.
SUITE 603
MIAMI FL 33133**

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 607.0502 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 607.0505, 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SCHARFMAN, LESLIE	12 NAME	
STREET ADDRESS	39 EAST 6TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, SALLY M.	22 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 1500	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PROMOFF, ADRIENNE	32 NAME	
STREET ADDRESS	501 BRICKELL KEY DR. SUITE 407	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOCKMAN, ALLISON DOLINER	42 NAME	
STREET ADDRESS	5915 PONCE DE LEON SUITE 60	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 110.07(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: **LAURA G. GARCIA** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
this (daytime phone) **(904) 637-8008**
0641113