

FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 11 1997 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>2665 S BAYSHORE DRIVE<br/>SUITE 603<br/>MIAMI FL 33133<br/>US</b> | Mailing Address<br><del>2665 S BAYSHORE DRIVE<br/>SUITE 603<br/>MIAMI FL 33133-5401</del><br><b>US</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 <b>P.O. Box 110708</b><br>27 Suite, Apt. #, etc.<br>28 <b>Miami, FL</b><br>29 <b>33111-0708</b><br>30 <b>US</b> |
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|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/23/1985</b>  | 3a. Date of Last Report<br><b>08/08/1996</b>           |
| 4. FEI Number<br><b>59-2480664</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>MADORSKY, MARSHA G.<br/>2665 SOUTH BAYSHORE DR.<br/>SUITE 603<br/>MIAMI FL 33133</b> |  |
|--|--|

|   |           |
|---|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>RICHARDSON, SALLY<br/>3124 EMATHLA<br/>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>SINGER, JANI KLINE<br/>20802 BISCAYNE BLVD<br/>AVENTURA FL</b> <input checked="" type="checkbox"/> DELETE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>TASEFF, LIDA<br/>ONE SE THIRD AVENUE 28TH FLOOR<br/>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>SCHNEIDER, SONIA<br/>801 N VENETIAN DRIVE #106<br/>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>PD<br/>Jani Kline Singer<br/>P.O. Box 403567 N/A<br/>Miami Beach FL 33140-1576</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>VD<br/>Sonia Yahr-Schneider<br/>700 N.E. 90th St<br/>Miami FL 33138</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>SD<br/>Mary Jo Francis<br/>1320 N.W. 14th St., Rm 233<br/>Miami FL 33136</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>TD<br/>Dyanne E. Feinberg<br/>2 S. Biscayne Blvd. #1570<br/>Miami FL 33131-1807</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>D<br/>Sally M. Richardson<br/>3124 Emathla<br/>Miami FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

SIGNATURE: *[Signature]* **OFFICER: S. Richardson** **7/24/97** **305-536-5472**

CR2E037 (9/96)