

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90010 014 \*\*\*\*61.25

**DOCUMENT # N07240**

1. Corporation Name

**DADE COUNTY FAWL SCHOLARSHIP LOAN FUND INC.**

Principal Place of Business

**ONE BISCAYNE TOWER  
STE 1570  
MIAMI FL 33131  
US**

Mailing Address

**P O BOX 110708  
MIAMI FL 33111-0708  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

**01/23/1985**

4. FEI Number

**59-2480664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**FEINBERG, DYANNE  
ONE BISCAYNE TOWER  
STE 1570  
MIAMI FL 33131**

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 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 ☐ DELETE  
NAME **PD SINGER, JANI KLINE**  
STREET ADDRESS **P O BOX 403567 N/A**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ DELETE  
NAME **VD YHR-SCHNEIDER, SONIA**  
STREET ADDRESS **700 NE 90TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **SD FRANCIS, MARY JO**  
STREET ADDRESS **1320 NW 14TH ST RM 233**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **TD FEINBERG, DYANNE E**  
STREET ADDRESS **2 S BISCAYNE BLVD #1570**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **D. RICHARDSON, SALLY M**  
STREET ADDRESS **3124 E MATHLA**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **President**  
1.3 STREET ADDRESS **Dyanne Feinberg**  
1.4 CITY-ST-ZIP **One Biscayne Tower, Suite 1570**  
**Miami, FL 33131**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Vice President**  
2.3 STREET ADDRESS **Michele A. Maracini**  
2.4 CITY-ST-ZIP **7931 S.W. 45th Street**  
**Davie, FL 33328**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Secretary**  
3.3 STREET ADDRESS **Jacqueline Hogan Scola**  
3.4 CITY-ST-ZIP **99 N.E. 4th Street, Suite 600**  
**Miami, FL 33132**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Treasurer**  
4.3 STREET ADDRESS **Shelly Zabel**  
4.4 CITY-ST-ZIP **100 S. Biscayne Blvd., Suite 3100**  
**Miami, FL 33131**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **Lisa Berlow-Lehner**  
5.4 CITY-ST-ZIP **Thornton, Davis & Murray, P.A.**  
**80 S.W. 8th Street, Suite 2900**  
**Miami, FL 33130**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sonia Yahr-Schneider, Past Vice-Pres. Michele A. Maracini, Vice-Pres.**

EXT 204

CR2E037 (11/98)

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