

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:38

DOCUMENT # N11079 (3)

1. Corporation Name

THE DADE COUNTY BEACON COUNCIL, INC.

Principal Place of Business

Mailing Address

% JOHN C ANDERSON
80 S.W. 8 ST., STE.2400
MIAMI FL 33130

% JOHN C ANDERSON
80 S.W. 8 ST., STE.2400
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1985

3a. Date of Last Report

05/11/1994

4. FEI Number

59-2603574

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, JOHN C.
80 S.W. 8 ST., STE.2400
MIAMI FL 33130**

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VCD**
NAME **MUXO, ALEX**
STREET ADDRESS **780 HOMESTEAD BLVD**
CITY - ST - ZIP **HOMESTEAD FL**

1.1 TITLE **VCD** Change Addition
1.2 NAME **Mentzer, Carl F.**
1.3 STREET ADDRESS **777 Brickell Avenue**
1.4 CITY - ST - ZIP **Miami, Florida 33131**

TITLE **CD**
NAME **MYERS, WILLIAM**
STREET ADDRESS **701 BRICKELL AVE**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **CD** Change Addition
2.2 NAME **Palomares, Carlos**
2.3 STREET ADDRESS **8750 Doral Boulevard, 7th Floor**
2.4 CITY - ST - ZIP **Miami, Florida 33178**

TITLE **TD**
NAME **HRSH, RICHARD**
STREET ADDRESS **3000 SE FINANCIAL CENTER**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE **TD** Change Addition
3.2 NAME **Beatty, Robert G.**
3.3 STREET ADDRESS **150 W. Flagler Street, Rm 1820**
3.4 CITY - ST - ZIP **Miami, Florida 33130**

TITLE **SD**
NAME **DE LA CRUZ, CARLOS JR.**
STREET ADDRESS **3201 NW 72ND AVE**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE **SD** Change Addition
4.2 NAME **Wyllie, Carol**
4.3 STREET ADDRESS **6843 Main Street**
4.4 CITY - ST - ZIP **Miami Lakes, Florida 33014**

TITLE **P**
NAME **ANDERSON, JOHN C.**
STREET ADDRESS **80 SW 8 ST., 2400**
CITY - ST - ZIP **MIAMI FL**

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

TITLE **VP**
NAME **NYSTROM, KURT**
STREET ADDRESS **80 SW 8TH ST #2400**
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE **VP** Change Addition
6.2 NAME **Glean-Jones, Camela**
6.3 STREET ADDRESS **80 S.W. Eighth Street, Ste.#2400**
6.4 CITY - ST - ZIP **Miami, Florida 33130**

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 118.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Camela Glean-Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camela Glean-Jones

4/6/95

Date

305-536-8056

Telephone Number