

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

APPROVED AND FILED

1996 MAY - 1 PM 1:03

SECRETARY OF STATE
WILLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified **09/13/1985** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **ADAMS, THAD**
82 Street Address (P.O. Box Number is Not Acceptable) **80 S.W. 8TH ST., STE. 2400**
83 **700001821257**
84 City **MIAMI** -05/14/96 0110 33130
****70 FL 33130

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]* DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MENTZGER, CARL F	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI F	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PALOMARES, CARLOS	
STREET ADDRESS	8750 DORAL BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, ROBERT G	
STREET ADDRESS	150 W FLAGLER STREET ROOM 1820	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WYLLIE, CAROL	
STREET ADDRESS	6843 MAIN STREET	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JOHN C.	
STREET ADDRESS	80 SW 8 ST., 2400	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLEAN-JONES, CAMELA	
STREET ADDRESS	80 SW 8TH ST SUITE 2400	
CITY-ST-ZIP	MIAMI FL	

11 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HENRIQUES, ADOLFO	
13 STREET ADDRESS	80 SW 8TH STREET, STE. 2200	
14 CITY-ST-ZIP	MIAMI, FL 33130	
21 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BEATTY, ROBERT G.	
23 STREET ADDRESS	150 W. FLAGLER ST., STE. 1901	
24 CITY-ST-ZIP	MIAMI, FL 33130	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	THOMPSON, PATRICIA	
33 STREET ADDRESS	4000 INT'L PLACE, 100 SE 2ND ST.	
34 CITY-ST-ZIP	MIAMI, FL 33131	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TORNO, ARTHUR, J.	
43 STREET ADDRESS	MIAMI INT'L AIRPORT, CONCOURSE C	
44 CITY-ST-ZIP	MIAMI, FL 33299	
51 TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ADAMS, THAD	
53 STREET ADDRESS	80 SW 8TH ST., STE 2400	
54 CITY-ST-ZIP	MIAMI, FL 33130	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 119.07(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: *[Signature]* DATE **3/1/96 (30) 579-1300** Daytime Phone #

CR2E037 (12/95)