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Apr 07 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

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 33130-3013

3. Date Incorporated or Qualified 09/13/1985
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2603574	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADAMS, THAD 80 S.W. 8 ST., STE.2400 MIAMI FL 33130				81	Name Frank Nero		
				82	Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th, Street, Suite 2400		
				83			
				84	City Miami	FL	85 Zip Code 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: *Frank Nero* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD HENRIQUES, ADOLFO 80 SW 8TH STREET., STE 2200 MIAMI FL 33130	<input type="checkbox"/> DELETE	1.1 TITLE Chair Elect *D* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME Adolfo Henriquez
STREET ADDRESS			1.3 STREET ADDRESS 100 SE 2 Street, 30th Floor
CITY-ST-ZIP			1.4 CITY-ST-ZIP Miami, FL 33131
TITLE	CD BEATTY, ROBERT G 150 W. FLAGLER ST., STE 1901 MIAMI FL 33130	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME Wyllie, Carol
STREET ADDRESS			2.3 STREET ADDRESS 6843 Main Street
CITY-ST-ZIP			2.4 CITY-ST-ZIP Miami Lakes, FL 33014
TITLE	TD THOMPSON, PATRICIA 4000 INT'L PLACE, 100 SE 2ND ST. MIAMI FL 33131	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer *D* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME Torno, Arthur J.
STREET ADDRESS			3.3 STREET ADDRESS Miami Int'l Airport, Concourse C
CITY-ST-ZIP			3.4 CITY-ST-ZIP Miami, FL 33299
TITLE	SD TORNO, ARTHUR J MIAMI INT'S AIRPORT, CONCOURSE C MIAMI FL 33299	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary *D* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME Knox, George
STREET ADDRESS			4.3 STREET ADDRESS 2601 So. Bayshore Drive, Suite 1400
CITY-ST-ZIP			4.4 CITY-ST-ZIP Miami, FL 33131
TITLE	COO *D* ADAMS, THAD 80 SW 8TH ST., STE 2400 MIAMI FL 33130	<input checked="" type="checkbox"/> DELETE	5.1 TITLE CEO *D* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME Nero, Frank
STREET ADDRESS			5.3 STREET ADDRESS 80 SW 8th Street, Suite 2400
CITY-ST-ZIP			5.4 CITY-ST-ZIP Miami, FL 33130
TITLE	VP *D* GLEAN-JONES, CAMELA 80 SW 8TH ST SUITE 2400 MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE Executive VP & CFO *D* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME title
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: *Camille Glean-Jones* 3/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028760

CR2E037 (9/96)