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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11079 (3)
 1. Corporation Name
THE DADE COUNTY BEACON COUNCIL, INC.

Principal Place of Business % JOHN C ANDERSON 80 S.W. 8 ST.,STE.2400 MIAMI FL 33130	Mailing Address % JOHN C ANDERSON 80 S.W. 8 ST.,STE.2400 MIAMI FL 33130
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21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/13/1985		
4. FEI Number 59-2603574	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**NERO, FRANK
80 S.W. 8 ST.,STE.2400
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HENRIQUEZ, ADOLFO	
STREET ADDRESS	100 SE 2 STREET, 30TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WYLLIE, CAROL	
STREET ADDRESS	6843 MAIN STREET	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TORNO, ARTHUR J.	
STREET ADDRESS	MIAMI INT'L AIRPORT, CONCOURSE C	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KNOX, GEORGE	
STREET ADDRESS	2601 S BAYSHORE DRIVE, SUITE 1400	
CITY-ST-ZIP	MIAMI FL	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	NERO, FRANK	
STREET ADDRESS	80 SW 8TH ST., STE 2400	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPCD	<input type="checkbox"/> DELETE
NAME	GLEAN-JONES, CAMELA	
STREET ADDRESS	80 SW 8TH ST SUITE 2400	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adolfo Henriquez	address
1.3 STREET ADDRESS	Union Planters Bank of Florida	
1.4 CITY-ST-ZIP	1221 Brickell Avenue 12th Fl. Miami, Fl. 33131	
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Foyo	
2.3 STREET ADDRESS	AT&T ?333 Ponce de Leon Blvd., Rm 1019	
2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
3.1 TITLE	Treasurer TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arsht, Adrienne	
3.3 STREET ADDRESS	Total Bank	
3.4 CITY-ST-ZIP	2720 Coral Way Miami, Fl. 3315-3271	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George Knox	
4.3 STREET ADDRESS	Adorno & Zeder, PA	
4.4 CITY-ST-ZIP	2601 So. Bayshore Drive, Suite 1400 Miami, Fl. 33131	
5.1 TITLE	CEOD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank Nero	
5.3 STREET ADDRESS	80 SW 80th St., Ste 2400	
5.4 CITY-ST-ZIP	Miami, Fl. 33130	
6.1 TITLE	VPCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Camela Glean--Jones	
6.3 STREET ADDRESS	80 SW 8th St., Suite 2400	
6.4 CITY-ST-ZIP	Miami, Fl. 33130	

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 in an attachment with an address.

SIGNATURE: *Camela Glean-Jones* DATE: *2/27/98* TELEPHONE: *579-1300*

CP2E037 (10/97)