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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # **N11079**

Corporation Name
THE DADE COUNTY BEACON COUNCIL, INC.

586433 - 90018 - 1

Principal Place of Business
JOHN C ANDERSON
S.W. 8 ST., STE. 2400
MI FL 33130

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



| | | |
|---|--|--|
| Principal Place of Business 90 FRANK NERO | 2a. Mailing Address 90 FRANK NERO | 3. Date Incorporated or Qualified 09/13/1985 |
| Suite, Apt. #, etc. 80 SW 8 ST. STE 2400 | Suite, Apt. #, etc. 80 SW 8 ST. STE 2400 | 4. FEI Number 59-2603574 |
| City & State MIAMI FL | City & State MIAMI FL | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 33130 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|--|
| 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 FL 85 Zip Code |
|---|--|

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| CD HENRIQUEZ, ADOLFO C/O UNI 1221 BRICKELL AVE, 12 FLOOR MIAMI FL 33131 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CD FOYO, GEORGE C/O AT& 2333 PONCE DE LEON BLVD., RM 1019 CORAL GABLES FL 33134 | <input type="checkbox"/> DELETE | 1.2 NAME MESSING, FRED M | |
| TD ARSHT, ADRIENNE C/O T 2720 CORAL WAY MIAMI FL 3315-3271 | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS 8900 N. KENDALL BLVD | |
| SD KNOX, GEORGE C/O ADO P 2601 S BAYSHORE DRIVE, SUITE 1400 MIAMI FL 33131 | <input checked="" type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP MIAMI, FL. 33176-2197 | |
| CEOD NERO, FRANK 80 SW 8TH ST., STE 2400 MIAMI FL 33130 | <input type="checkbox"/> DELETE | 2.1 TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VPCD GLEAN-JONES, CAMELA 80 SW 8TH ST SUITE 2400 MIAMI FL 33130 | <input type="checkbox"/> DELETE | 2.2 NAME FOYO, GEORGE | |
| | | 2.3 STREET ADDRESS 2333 PONCE DE LEON BLVD. RM 1019 | |
| | | 2.4 CITY-ST-ZIP CORAL GABLES, FL. 33134 | |
| | | 3.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME ARSHT, ADRIENNE | |
| | | 3.3 STREET ADDRESS 2720 CORAL WAY | |
| | | 3.4 CITY-ST-ZIP MIAMI, FL. 33145-3271 | |
| | | 4.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 4.2 NAME DEL VALLE MARIO L. | |
| | | 4.3 STREET ADDRESS 1101 BRICKELL AVENUE | |
| | | 4.4 CITY-ST-ZIP MIAMI, FL. 33131 | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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: *Camele Jones* 6/28/99 305579/1300