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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11530 (5)

1. Corporation Name
DADE COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.



Principal Place of Business 1501 NW NORTH RIVER DR MIAMI FL 33125	Mailing Address 1501 NW NORTH RIVER DR MIAMI FL 33125-2603
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3. Date Incorporated or Qualified 10/10/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2751957	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MARKEY, KATHLEEN
100 SE 2ND ST 36TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCK, BARBARA	1.2 NAME	Alina GARLAND
STREET ADDRESS	12471 S.W. 72 AVE.	1.3 STREET ADDRESS	7151 Largo DR West
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coast Gables - Ph 33143
TITLE	CP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTA FERNANDEZ	2.2 NAME	
STREET ADDRESS	58 SHORE DRIVE, W	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONNIN, LOANNE	3.2 NAME	JOANA CARREGENA
STREET ADDRESS	15840 W PRESTWICK PLACE	3.3 STREET ADDRESS	403 E DI LIDO DR
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	MIAMI BEACH - PH 33139
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA MARIBONA	4.2 NAME	
STREET ADDRESS	1460 W 21 ST, SUNSET ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASKOWITZ, JOHAN	5.2 NAME	MARTHA LINES
STREET ADDRESS	9510 SW 136TH ST.	5.3 STREET ADDRESS	11225 S.W. 58th Ct.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI - PH 33156
TITLE	DAT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLOGG, ANN	6.2 NAME	
STREET ADDRESS	6800 CHAPMAN FIELD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 (changed) or on an attachment with an address.

SIGNATURE: MARIA MARIBONA 4/11/97 (305) 532 3299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028311

CR2E037 (9/96)