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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

Mailing Address

**1501 NW NORTH RIVER DR
MIAMI FL 33125**

**1501 NW NORTH RIVER DR
MIAMI FL 33125-2603**



3. Date Incorporated or Qualified
10/10/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2751957

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **NOCK, BARBARA**
STREET ADDRESS **12471 S.W. 72 AVE.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Alina GARRODO**
1.3 STREET ADDRESS **7151 Largo DR West**
1.4 CITY-ST-ZIP **Coast Gables - FL 33143**

TITLE **CP** ☐ DELETE
NAME **BERTA FERNANDEZ**
STREET ADDRESS **58 SHORE DRIVE, W**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **MONNIN, LOANNE**
STREET ADDRESS **15840 W PRESTWICK PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **JOANA CARREGENA**
3.3 STREET ADDRESS **403 E DI LIDO DR**
3.4 CITY-ST-ZIP **MIAMI BEACH - FL 33139**

TITLE **T** ☐ DELETE
NAME **MARIA MARIBONA**
STREET ADDRESS **1460 W 21 ST, SUNSET ISLAND**
CITY-ST-ZIP **MIAMI BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ASKOWITZ, JOHAN**
STREET ADDRESS **9510 SW 136TH ST.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **MARTHA Liones**
5.3 STREET ADDRESS **11225 S.W. 58th Ct.**
5.4 CITY-ST-ZIP **MIAMI - FL 33156**

TITLE **DAT** ☐ DELETE
NAME **KELLOGG, ANN**
STREET ADDRESS **6800 CHAPMAN FIELD DR.**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 305/532 3299
Date Daytime Phone # 0028311

CR2E037 (9/96)