


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 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 # 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
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3. Date Incorporated or Qualified
10/10/1985

4. FEI Number
59-2751957

Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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
 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	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIDO, ALINA	1.2 NAME	Ady Viera
STREET ADDRESS	7151 LARGO DR WEST	1.3 STREET ADDRESS	843 Anastasia
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL Gables FL
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTAGENA, JOANA	3.2 NAME	
STREET ADDRESS	403 E DILIDO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIANES, MARTHA	5.2 NAME	
STREET ADDRESS	11225 SW 58TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
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 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: **MARIA MARIBONA** *[Signature]* **3/11/98 (305) 532 3299**

CP2E037 (10/97)