FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13941 (2)

1. Corporation Name

NATIVES OF DADE, INC.

Principal Place of Business
6261 SW 36 ST.
P. O. BOX 145505
CORAL GABLES FL 33114-5505
US

Mailing Address
6261 SW 36 ST.
P. O. BOX 145505
CORAL GABLES FL 33114-5505
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1986	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2719355	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

9. Name and Address of Current Registered Agent

STEVENS, ELIZABETH
7950 SW 94 CT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: *No change*
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mary Elizabeth Stevens* — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE *April 3, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, JIM PO BOX 928 N/A SUMMERLAND KEY FL	1.1–1.4 ☐ Change ☐ Addition — *No change*
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEST, HOWARD 7661 SW 53 PL MIAMI FL	2.1–2.4 ☐ Change ☐ Addition — *No change*
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S *D (DIRECTOR)* MCGARRY, JOY 6261 SW 36 STREET MIAMI FL	3.1–3.4 ☐ Change ☐ Addition — *No change*
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T *D (DIRECTOR)* WEST, SHIRLEY 7661 S.W. 53 PLACE MIAMI, FL 33143	4.1–4.4 ☐ Change ☐ Addition — *No change*
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORREST, PETER L 50 SW 68 AVE MIAMI FL	5.1–5.4 ☐ Change ☐ Addition — *No change*
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P *D (DIRECTOR)* STEVENS, ELIZABETH DR 7950 SW 94 STREET MIAMI FL	6.1–6.4 ☐ Change ☐ Addition — *No change*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joy N. McGarry Corresponding Sec'y* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date *4/4/95* — Daytime Phone # *(305/665-2311)*

JOY N. McGARRY