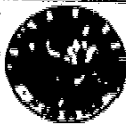


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N13941 (2)

1. Corporation Name

NATIVES OF DADE, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENS, ELIZABETH
7850 SW 94 CT
MIAMI FL 33150**

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 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

(NOTE: Registered Agent signature required when reinstating)

April 3, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DAVIS, JIM
STREET ADDRESS	PO BOX 928 N/A
CITY - ST - ZIP	SUMMERLAND KEY FL
TITLE	P
NAME	WEST, HOWARD
STREET ADDRESS	7661 SW 53 PL
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	MCGARRY, JOY
STREET ADDRESS	6261 SW 36 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	WEST, SHIRLEY
STREET ADDRESS	7661 S.W. 53 PLACE
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	V
NAME	FORREST, PETER L
STREET ADDRESS	50 SW 68 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	STEVENS, ELIZABETH DR
STREET ADDRESS	7850 SW 94 STREET
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	No change
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	No change
2.1 TITLE	
2.2 NAME	No change
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	No change
3.1 TITLE	
3.2 NAME	No change
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	No change
4.1 TITLE	
4.2 NAME	No change
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	No change
5.1 TITLE	
5.2 NAME	No change
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	No change
6.1 TITLE	
6.2 NAME	No change
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	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)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joy N. McGarry

4/4/95 (305/665-2311)