## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT  1. Corporation Name	#	N13941
1. Corporation Name		

(2)

NATIVE	ES OF DADE, INC.				 	
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
6261 SW 36	et .	_				
P. O. BOX 1		6261 SW 36 ST. P. O. BOX 145505				
CORAL GABLES FL 33114-5505 CORAL GABLES FL 33114-5505		F-5505	3. Date Incorporated or Qualified	3a. Date of Last Report		
US		US		03/20/1986	04/24/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEt Number	Applied For	
21 26		* W.Fr.	59-2719355	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for it	ntangible tax under s. 199.032,	
27	9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New Re		
			B1 Name			
STEVEN	S. ELIZABETH		B2 Street /	ARTHUR SHAT	US	
7950 SV	•		BZ Street /	t Address (P.O. Box Number is Not Acceptable)  6085 W. 102 R venue		
MIAMI F			83	Hisleah		
			84 City	Halean	es Zin Codo	
					FL 85 Zip Code 330/2 -6494	
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 vias authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment of Section 617.0508, Florida Statute.						
SIGNATURE	X (hlhus	hales	· •	APRIL	26, 199 L	
	Signature, typed or printed name of registered ager		Registered Agent signature re	de en in en energia.	CALL	
12.	P OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  [Pichange Jition	
NAME	DAVIS, JIM	Plotter	1.2 NAME	7		
STREET ADDRESS	PO BOX 928 N/A		1.3 STREET ADDRESS	PRESIDENT : ARTHUR SHI	9703 541115	
CITY-ST-ZIP	SUMMERLAND KEY FL		1.4 CITY - ST- ZIP	HIALEAH , FL 33012		
TITLE	P	DELETE	2.1 TITLE		Change Addition	
NAME	WEST, HOWARD		2.2 NAME			
STREET ADDRESS	7661 SW 53 PL		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	MCGARRY, JOY		3.2 NAME			
STREET ADDRESS	6261 SW 36 STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	D NEOT OURNEY	DELETE	4.1 TITLE	TREASURER : D POPE	☑ Change ☐ Addition	
NAME CTOTET ADDRESS	WEST, SHIRLEY		4. 2 NAME	3925 N.W. 47 74	RRACE	
STREET ADDRESS	7661 S.W. 53 PLACE		4.3 STREET ADDRESS	MIAMI FL 33126	,	
CITY - ST - ZIP TITLE	MIAMI, FL 33143	DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition	
NAME	FORREST, PETER L	Librerie	5.2 NAME		["] Autoritie ["] Mitaritier	
STREET ADDRESS	50 SW 68 AVE		5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33(44		5 4 CITY-ST-ZIP			
TITLE	D	DELETE	61 TITLE		☐ Change ☐ Addition	
NAME	STEVENS, ELIZABETH DR		6.2 NAME		· · · · —	
STREET ADDRESS	7950 SW 94 STREET		6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33/56		6.4 CITY-ST-ZIP			
<ol> <li>14. I do hereb certify that</li> </ol>	y certify that the information supplied the information indicated on this ann	with this filing is voluntarily furnish ual report or supplemental annual	ed and does not qual report is true and acc	ify for the exemption stated in Section 119.0 curate and that my signature shall have the s	07(3)(k), Florida Statutes. I further same legal effect as if made under	

oath; that I am an officer or director of the corp appears in Block 12 or Block 13 if changed, or owered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

27/-4093 Daytine Prono #