FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N139

(2)

FILED Apr 28 1998 8:00am Secretary of State

NATIVES OF DADE, INC.				
Principal Place of Business Mailing Address				t cookings the shoot alive hells black stat britt about their britts britts draw did to
6261 SW 36 ST. 6261 SW 36 ST.				3. Date Incorporated or Qualified
P. O. BOX 145505 P. O. BOX 145505 CORAL GABLES FL 33114-5505 CORAL GABLES FL 33114-5505			~ £	03/20/1986
US COMME CASLES	5 FL 33114-5305	CORAL GABLES FL 33114-550 US	р	4. FEI Number Applied For
				59-2719355 Not Applicable
2. Principal Place of Business 2a. Mailing Ac 26		2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc. S 22 27		Suite, Apt. #, etc.		6. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & St		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes ☐ No
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]	9. Name and Address of Curren	t Registered Agent	91	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		Triogration region.	81 Name	GLYHN SCOTT
	a, cucan		82 Street	Address (P.O. Box Number is Not Acceptable)
7930 SW 58 COURT			83	4915 SW 93 ND COURT
MAMI FL 33143			[83]	MIAMI
<u> </u>			84 City	FL 85 Zip Code 331 65
11. Pursuant to the provisions of Sections 617.050 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 objections of Section 617.0503, Florida Statutes. SIGNATURE **Comparison** SIGNATURE** **Comparison** **Comparison** SIGNATURE** **Comparison** **Compariso				
agent. I am familiar with, and accept the optigations of Section 617.0503, Florida Statutes.				
SIGNATURE	sum.	any		e required when reinstating) Opril 6, 1998 DATE
12.	Signature, typed or printed name of registered age OFFICERS AND		Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	PRES. GLYHN SCOTT Change WAddition
NAME	REDDING, SUSAN	^	1.2 NAME	\
STREET ADDRESS	7930 SW 58TH COURT		1.3 STREET ADDRESS	4915 S.W. 93rd Court
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL. 33165
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGARRY, JOY		2.2 NAME	, ,
STREET ADDRESS	6261 SW 36 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	πο	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POPE, SUZETTE		3.2 NAME	
STREET ADDRESS	3925 N.W. 4TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	V	L.J DELETE	4.1 TITLE	Litalige Li Addition
NAME	FORREST, PETER L		4. 2 NAME	
STREET ADDRESS	50 SW 68 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CITY-ST-ZIP	Change LAddition
TITLE	D REDDI	WG SVS ANDELLEIE	5.1 TITLE	DIRECTOR. LICHARDS US ADDRIVE
NAME	-BRAIDU, AMITUTI) = - = 1110-	5.2 NAME	DEDDUIG SUSAN 22142
STREET ADDRESS	COOS-W-10TH AVE		5.3 STREET ADDRESS	DIRECTOR. Change WAddition REDDING SUSAN 33143 7930 SW 58TH COURT HIAM,
CITY-ST-ZIP	HIALEAH FL-70	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	1930 SW SO I COURT 1/1/M/
i TUTLE	- 1.12.0-	FIII DEFEIG	2 0.1	i Citalife ("T vocition

14. Thereby certify that the information supplied with this filling 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 extrusive 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

MAME STREET ADDRESS

CITY-ST-ZIP

april 6, 1998

R2E037 (10/97)