

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90059 025 ****61.25

DOCUMENT # N13941

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



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

3. Date Incorporated or Qualified

03/20/1986

4. FEI Number

59-2719355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, GLYNN
4915 SW 93RD CT
MIAMI FL 33165

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

Glynn Scott

4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SCOTT, GLYNN	
STREET ADDRESS	4915 SW 93RD CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	DELETE
NAME	MCGARRY, JOY	
STREET ADDRESS	6261 SW 36 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	POPE, SUZETTE	
STREET ADDRESS	3925 N.W. 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	DELETE
NAME	FORREST, PETER L	
STREET ADDRESS	50 SW 68 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	REDDING, SUSAN	
STREET ADDRESS	7930 SW 58TH CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	HICKEY, LEE	Change	Addition
1.2 NAME		2653 S.W. 24TH TERR.		
1.3 STREET ADDRESS		MIAMI FL 33145		
1.4 CITY-ST-ZIP				
2.1 TITLE	SPD	MCGARRY, JOY	Change	Addition
2.2 NAME		6261 S.W. 36 STREET		
2.3 STREET ADDRESS		MIAMI FL 33155		
2.4 CITY-ST-ZIP				
3.1 TITLE	TD	REDDING, SUSAN	Change	Addition
3.2 NAME		7930 SW 58TH COURT		
3.3 STREET ADDRESS		MIAMI FL 33143		
3.4 CITY-ST-ZIP				
4.1 TITLE			Change	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	D	SCOTT, GLYNN	Change	Addition
5.2 NAME		4915 S.W. 93RD COURT		
5.3 STREET ADDRESS		MIAMI FL 33165		
5.4 CITY-ST-ZIP				
6.1 TITLE			Change	Addition
6.2 NAME				
6.3 STREET ADDRESS				
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glynn Scott

Date

Daytime Phone #

CR2E037 (11/98)