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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90159 025 \*\*\*\*61.25

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N18371**

1. Corporation Name

**DADE DIRECTORS OF VOLUNTEERS IN AGENCIES (DADE D  
OVIA), INC.**

Principal Place of Business

11346 SW 160 STREET  
#400  
MIAMI FL 33157  
US

Mailing Address

C/O BETTY SHELTON  
11347 SW 160 STREET  
MIAMI FL 33157  
US

220339 - 90159 - 25 9 \*



|   |   |  |
|---|---|--|
| 2. Principal Place of Business<br>21 <b>395 NW 1ST ST.</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 2210</b><br>City & State<br>23 <b>MIAMI FL</b><br>Zip<br>24 <b>33128</b> Country<br>25 <b>US</b> | 2a. Mailing Address <b>C/O BEBA SOSA</b><br>26 <b>395 NW 1ST ST</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 2210</b><br>City & State<br>28 <b>MIAMI, FL</b><br>Zip<br>29 <b>33128</b> Country<br>30 <b>US</b> | 3. Date Incorporated or Qualified<br><b>12/19/1986</b><br>4. FEI Number<br><b>59-2391955</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|--|

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DV</b><br><b>SOSA, BEBA</b><br><b>395 NW 1ST ST, SUITE 2210</b><br><b>MIAMI FL 33128</b><br><input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>SHELTON, BETTY</b><br><b>11347 SW 160 ST</b><br><b>MIAMI FL 33157</b><br><input checked="" type="checkbox"/> DELETE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>DIOLI-KUMM, SANDI</b><br><b>620 NE 127 ST</b><br><b>NORTH MIAMI FL</b><br><input checked="" type="checkbox"/> DELETE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS</b><br><b>KRAMER, SEAN</b><br><b>F.I.U. UNIVERSITY PARK, GC 331</b><br><b>MIAMI FL 33199</b><br><input checked="" type="checkbox"/> DELETE                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b><br><b>FISHER, KATHLEEN</b><br><b>6704 SW 80TH STREET</b><br><b>MIAMI FL 33143</b><br><input checked="" type="checkbox"/> DELETE                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>POLLACK, DOLORES</b><br><b>5255 NW 87TH AVENUE, #400</b><br><b>MIAMI FL 33166</b><br><input type="checkbox"/> DELETE  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | <b>DP</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <b>DV</b><br><b>ANA OLMEDA-GONZALEZ</b><br><b>3663 S. MIAMI AVE.</b><br><b>MIAMI, FL 33133</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | <b>DT</b><br><b>CAROL LANG</b><br><b>12400 SW 152 ST.</b><br><b>MIAMI, FL 33177</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <b>DS</b><br><b>LYNN HEYMAN</b><br><b>3100 SW 62 AVE</b><br><b>MIAMI, FL 33155</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   |  |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <b>DS</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: CAROL LANG REQUIRED CAROL LANG 3/10/99 305-255-5551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)