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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:25

DOCUMENT # N20419 (0)

1. Corporation Name
NORTHEAST DADE COALITION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21155 HELMSMAN DR #M14<br>AVENTURA FL 33180 | PO BOX 800417<br>AVENTURA FL 33280-0417 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1987
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2788128 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 25
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

9. Name and Address of Current Registered Agent

ROGERS-LIBERT, PATRICIA
21155 HELMSMAN DR #M14
AVENTURA FL 33180

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 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 [signature] PRESIDENT PATRICIA ROGERS-LIBERT 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☐ Change ☐ Addition |
| NAME | ROGERS-LIBERT, PATRICIA | 1.2 NAME | Rogers-Libert, Patricia | |
| STREET ADDRESS | 3610 YACHT CLUB DR #602 | 1.3 STREET ADDRESS | 21155 Helmsman Dr. M14 | |
| CITY-ST-ZIP | AVENTURA FL | 1.4 CITY-ST-ZIP | Aventura FL 33180 | |
| TITLE | VPD | 2.1 TITLE | EXEC. VICE PRESIDENT | ☑ Change ☐ Addition |
| NAME | BASKMAN, HERB | 2.2 NAME | ROBERT WOLF | |
| STREET ADDRESS | 231 174 ST. #1703 | 2.3 STREET ADDRESS | 740 NE 199 STREET # G204 | |
| CITY-ST-ZIP | SUNNY ISLES FL | 2.4 CITY-ST-ZIP | MIAMI, FLORIDA 33179 | |
| TITLE | ATD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENSON, NAOMI | 3.2 NAME | | |
| STREET ADDRESS | 1200 NE MIAMI GARDENS #408W | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33179 | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COHEN, PHILIP | 4.2 NAME | | |
| STREET ADDRESS | 2801 NE 183RD ST. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33160 | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | 5.1 TITLE | SECRETARY | ☑ Change ☐ Addition |
| NAME | SENDLER, ROSALIND | 5.2 NAME | ANNA OSTROWIAK | |
| STREET ADDRESS | 1801 BISCAYNE BLVD. | 5.3 STREET ADDRESS | 2780 NE 183 STREET #C1508 | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | MIAMI FLORIDA 33160 | |
| TITLE | VPD | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CURTIS, JOSEPH | 6.2 NAME | | |
| STREET ADDRESS | 1601 NE 191 #219 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33179 | 6.4 CITY-ST-ZIP | | |

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)(k), 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: [signature] Patricia Rogers-Libert 1/26/95 (305) 375-3209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074088