

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N20419 (0)
1. Corporation Name
NORTHEAST DADE COALITION INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1987		3a. Date of Last Report 03/26/1996	
21		26		4. FEI Number 59-2788128		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28		29		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIBERT, PAUL 21155 HELMSMAN DR #M14 AVENTURA FL 33180				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 _____ (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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIBERT, PAUL		1.2 NAME	21155 HELMSMAN DR M14	
STREET ADDRESS	21155 HELMSMAN DR M14		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, ROBERT		2.2 NAME		
STREET ADDRESS	740 NE 199 STREET #G204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSON, NAOMI		3.2 NAME	TD	
STREET ADDRESS	1200 NE MIAMI GARDENS #408W		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEFFER, GEORGE		4.2 NAME		
STREET ADDRESS	2851 NE 183RD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSTROWIAK, ANNA		5.2 NAME		
STREET ADDRESS	2780 NE 183 STREET C150B		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAILEANU, JORDAN		6.2 NAME		
STREET ADDRESS	601 IVES DAIRY RD #M402		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 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.

SIGNATURE: *[Signature]* _____

CR2E037 (9/96)