


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N20419 1. Corporation Name NORTHEAST DADE COALITION, INC.		

Principal Place of Business 21155 HELMSMAN DR. MI4 AVENTURA, FL 33180		Mailing Address PO BOX 800417 AVENTURA, FL 33280	
2. Principal Place of Business 21 21155 HELMSMAN DR. Suite, Apt. #, etc. 22 MI4 City & State 23 AVENTURA, FL Zip 24 33180	2a. Mailing Address 26 PO BOX 800417 Suite, Apt. #, etc. 27 City & State 28 AVENTURA, FL Zip 29 33280	Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 1/23/97	
4. FEI Number 65-0732330	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PAUL LIBERT 21155 HELMSMAN DR. MI4 AVENTURA, FL 33180	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PAUL LIBERT, PRES
STREET ADDRESS	21155 HELMSMAN DR. MI4
CITY-ST-ZIP	AVENTURA, FL 33180 D
TITLE	<input type="checkbox"/> DELETE
NAME	DR. BOB WOLF, VP
STREET ADDRESS	740 NE 199 ST. G204
CITY-ST-ZIP	MIAMI, FL 33179 D
TITLE	<input type="checkbox"/> DELETE
NAME	NADYI BENSON, TREAS.
STREET ADDRESS	1200 NE MIAMI GARDEN DR.
CITY-ST-ZIP	MIAMI, FL 33179 D
TITLE	<input type="checkbox"/> DELETE
NAME	GEORGE FEFER, VP
STREET ADDRESS	1851 NE 183 ST. # 1109
CITY-ST-ZIP	AVENTURA, FL 33160 D
TITLE	<input type="checkbox"/> DELETE
NAME	JORDAN RAILEATU, VP
STREET ADDRESS	551 IVES DAIRY RD.
CITY-ST-ZIP	MIAMI, FL 33179 D
TITLE	<input type="checkbox"/> DELETE
NAME	LEO GOLDSTEIN, VP
STREET ADDRESS	300 DAYVIEW DR. # 1208
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160 D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Paul Libert PAUL LIBERT** 3/30/98 (305) 933-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)