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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90096 018 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N20419**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/29/1987

4. FEI Number

65-0732330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LIBERT, PAUL**  
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 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

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **LIBERT, PAUL**  
CITY-ST-ZIP **21155 HELMSMAN DR M14**  
**AVENTURA FL 33180**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **WOLF, ROBERT DR**  
CITY-ST-ZIP **740 NE 199 STREET #G204**  
**MIAMI FL 33179**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BENSON, NAOMI**  
CITY-ST-ZIP **1200 NE MIAMI GARDENS #408W**  
**MIAMI FL 33179**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **FEFFER, GEORGE**  
CITY-ST-ZIP **2851 NE 183RD ST.**  
**MIAMI FL 33160**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **RALEANU, JORDAN**  
CITY-ST-ZIP **561 IVES DAIRY RD #M402**  
**MIAMI FL 33179**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **GOLDSTEIN, LEO**  
CITY-ST-ZIP **300 BAYVIEW DRIVE #1208**  
**SUNNY ISLES BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **VPD**  
1.3 STREET ADDRESS **PINE, MANNY**  
1.4 CITY-ST-ZIP **16425 COLLINS AVE. - MGMT. OFC.**  
**SUNNY ISLES BEACH, FL 33160**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VPD**  
2.3 STREET ADDRESS **SIMHA, OVADIA**  
2.4 CITY-ST-ZIP **3701 N. COUNTRY CLUB DR. PH07**  
**AVENTURA, FL 33180**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VPD**  
3.3 STREET ADDRESS **SZERLIP, ZIRIL**  
3.4 CITY-ST-ZIP **877 NE 195 ST. # 422**  
**MIAMI, FL 33179**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **VPD**  
4.3 STREET ADDRESS **CITRON, BERNARD**  
4.4 CITY-ST-ZIP **16975 NE 35 AVE. - MGMT. OFC.**  
**NO. MIAMI BEACH, FL 33160**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
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

**1/3/99** (305) 933-9775  
Date Daytime Phone #

CR2E037 (11/98)