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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21688

1. Corporation Name
DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.

Principal Place of Business 6600 NW 27 AVE 201 MIAMI FL 33147 US	Mailing Address 6600 NW 27 AVE 201 MIAMI FL 33147 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0021486 65-0522772 Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SILAS, J. BARON
18015 NW 25 COURT
MIAMI FL 33056

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SILAS, J. BARON	
STREET ADDRESS	18015 NW 25 CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PACE, JOHN	
STREET ADDRESS	1741 NW 185TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DUTCHIE	
STREET ADDRESS	13000 NW 17 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HITT, STACEY	
STREET ADDRESS	11984 SW 271 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMMONS, BETTY	
STREET ADDRESS	436 NW 191 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MATEEM, MALIK	
STREET ADDRESS	17031 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD MATEEM, MALIK
2.3 STREET ADDRESS	17031 NW 12 AVENUE
2.4 CITY-ST-ZIP	MIAMI, FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD EDITH BROWN
4.3 STREET ADDRESS	21920 SW 108 CT
4.4 CITY-ST-ZIP	MIAMI, FL 33170
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S RUDIAN GILLARD
5.3 STREET ADDRESS	2531 NW 121 STREET
5.4 CITY-ST-ZIP	MIAMI, FL 33167
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP VICTORIA COX
6.3 STREET ADDRESS	3001 NW 205 STREET
6.4 CITY-ST-ZIP	MIAMI FL 33055

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: *J. Baron* **J. BARON SILAS** 3/11/99 305 669 3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)