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 MAR -8 PM 3:41

DOCUMENT # N22692 (0)

1. Corporation Name

SOUTH DADE IMMIGRATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
248 WASHINGTON AVE. HOMESTEAD FL 33030 US	248 WASHINGTON AVE. HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0042243 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 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

LILLESAND, DAVID J.
10661 N. KENDALL DR.
STE 207
MIAMI FL 33176

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, ANNE	1.2 NAME	
STREET ADDRESS	6107 SW 49TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYA, DORIS	2.2 NAME	
STREET ADDRESS	6107 S.W. 49TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, JUAN	3.2 NAME	
STREET ADDRESS	3000 BISCAYNE BLVD., STE. 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	BEINAMIE, VILLIERE	4.2 NAME	
STREET ADDRESS	11750 SW 192ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DIEGO, JUAN	5.2 NAME	
STREET ADDRESS	19250 SW 381 ST., B-117	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	STD ☒ Change ☐ Addition
NAME	PERLMUTTER, BERNIE	6.2 NAME	Perlmutter, Bernie
STREET ADDRESS	3305 COLLEGE AVE. (NOVA UNIV. LAW CLINIC)	6.3 STREET ADDRESS	3000 Biscayne Blvd., Ste. 500
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	Miami, FL 33137

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)(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: Juan Carlos Gomez Board of Directors 2/21/95 (305) 574-0090 ext. 403
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0008783

South Dade Immigration Association, Inc.

Sevis d' Imigrasiyon • Servicio de Inmigración

12. continued

title ..... Director
name ..... Orlando Yanez
street address ..... 19320 S.W. 377th St., A-159
city-st-zip ..... Florida City, FL 33034

13. continued

title ..... Director
name ..... Orlando Yanez
street address ..... 13890 S.W. 264 St.
city-st-zip ..... Naranja, FL 33032

248 Washington Avenue, Homestead, Florida 33030 • Tel: (305) 245-0509 / 245-7131 • Fax: (305) 245-4007