

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified  
09/28/1987

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 232 WASHINGTON AVE

26 232 WASHINGTON AVE

4. FEI Number

65-0042243

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 33030

25 DADE

29 33030

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULLEGAND, DAVID J.  
10861 N. KENDALL DR.  
STE 207  
MIAMI FL 33176

81 Name

MICHAEL C. CAFARO

82 Street Address (P.O. Box Number is Not Acceptable)

Palms Professional Plaza

83

100 NE 15 ST. SUITE 103-C

84 City

Homestead

FL

85 Zip Code

33030

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

MICHAEL C. CAFARO

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MANNING, ANNE  
STREET ADDRESS 6107 SW 49TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ DELETE  
NAME MAYA, DORIS  
STREET ADDRESS 6107 S.W. 49TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME GOMEZ, JUAN  
STREET ADDRESS 3000 BISCAYNE BLVD., STE. 500  
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE  
NAME BENAMIE, VILLIERE  
STREET ADDRESS 11750 SW 192ND ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME DIEGO, JUAN  
STREET ADDRESS 19250 SW 381 ST., B-117  
CITY-ST-ZIP FLORIDA CITY FL

TITLE STD ☐ DELETE  
NAME PERLMUTTER, BERNIE  
STREET ADDRESS 3000 BISCAYNE BLVD., STE. 500  
CITY-ST-ZIP MIAMI FL

11 TITLE PD ☐ Change ☒ Addition  
12 NAME INGLE, Sarah  
13 STREET ADDRESS 7917 S.W. 104 St., # F-202  
14 CITY-ST-ZIP Miami, FL 33156

21 TITLE PD ☐ Change ☒ Addition  
22 NAME DAVID, Maria  
23 STREET ADDRESS 35801 S.W. 186 AVE.  
24 CITY-ST-ZIP Florida City, FL 33034

31 TITLE D ☐ Change ☒ Addition  
32 NAME ELIAS, Genevieve  
33 STREET ADDRESS 15560 S.W. 106 Ln., # 1314  
34 CITY-ST-ZIP Miami, FL 33196

41 TITLE D ☐ Change ☒ Addition  
42 NAME YANEZ, Orlando  
43 STREET ADDRESS P.O. Box 322294  
44 CITY-ST-ZIP Princeton, FL 33032 (N/A)

51 TITLE D ☐ Change ☒ Addition  
52 NAME CRUZ, Maria  
53 STREET ADDRESS 17843 N.W. 63 Ct.  
54 CITY-ST-ZIP Miami, FL 33015

61 TITLE ☐ Change ☐ Addition  
62 NAME 900001872929  
63 STREET ADDRESS -06/24/96--01028--043  
64 CITY-ST-ZIP \*\*\*61.25 5/1/2

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)(k), 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:

Sarah Ingle

- Sarah Ingle

4/24/96

(305) 670 2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)