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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N23042 (7)

1. Corporation Name

SOUTH DADE BENEVOLENT FUND, INC.

Principal Place of Business

Mailing Address

C/O AINSLEE R. FERDIE  
717 PONCE DE LEON BLVD. SUITE 215  
CORAL GABLES FL 33134

C/O AINSLEE R. FERDIE  
717 PONCE DE LEON BLVD. SUITE 215  
CORAL GABLES FL 33134-2048



3. Date Incorporated or Qualified 10/15/1987	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2867097	Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERDIE, AINSLEE R.  
717 PONCE DE LEON BLVD.  
SUITE 215  
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE  
NAME ROSE, ALVIN  
STREET ADDRESS 2000 S. BAYSHORE DR. #34  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ~~DIRECTOR~~ ☒ DELETE  
NAME STRICOFF, JULIUS - DECEASED -  
STREET ADDRESS 13945 SW 84TH ST.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DIRECTOR  
2.3 STREET ADDRESS CARL NIEBERG  
2.4 CITY-ST-ZIP 14180 SW 84th Street G-206  
MIAMI, FLORIDA 33183

TITLE DIRECTOR ☐ DELETE  
NAME SILVER, LOUIS J.  
STREET ADDRESS 5110 SW 127 PLACE  
CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE  
NAME HOROWITZ, IRVING  
STREET ADDRESS 13945 SW 84TH ST.  
CITY-ST-ZIP MIAMI FL 33183

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Louis J. Silver DIRECTOR 01/08/97 305-221-0219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)