

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 # **N25080** (5)

1. Corporation Name
DADE COUNTY SCHOOL BOARD FOUNDATION, INC.



Principal Place of Business: % OCTAVIO J. VISIEDO, 1450 N.E. SECOND AVE. MIAMI FL 33132-8308
Mailing Address: % OCTAVIO J. VISIEDO, 1450 N.E. SECOND AVE. MIAMI FL 33132-8308

3. Date Incorporated or Qualified: 02/29/1988
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0093213		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$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 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**VISIEDO, OCTAVIO
1450 N.E. 2ND AVENUE
MIAMI FL 33132**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KROP, MICHAEL	
STREET ADDRESS	2001 NE 195TH DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADDOCK, G. HOLMES	
STREET ADDRESS	5029 S.W. 151ST PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	HINDS, RICHARD	
STREET ADDRESS	1450 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENICK, ROBERT	
STREET ADDRESS	939 NE 214TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEINBERG, ROSA CASTRO	
STREET ADDRESS	8380 S.W. 90TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, FEDERICA S.	
STREET ADDRESS	13131 N.W. 26TH COURT	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McALILEY, JANET	
1.3 STREET ADDRESS	2025 Seacoffee Street	
1.4 CITY-ST-ZIP	Miami, Florida 33133	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAPLAN, BETSY	
2.3 STREET ADDRESS	6790 S.W. 122nd Drive	
2.4 CITY-ST-ZIP	Miami, Florida	
3.1 TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VISIEDO, OCTAVIO	
3.3 STREET ADDRESS	2250 S.W. 131st Court	
3.4 CITY-ST-ZIP	Miami, Florida 33175	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Richard H. Hinds** 1/18/95 (305) 995-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)