

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25080 (5)

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



Principal Place of Business W. OCTAVIO J. VIGIENO % Roger C. Cuevas 1450 N.E. SECOND AVE. MIAMI FL 33132-8308	Mailing Address W. OCTAVIO J. VIGIENO % Roger C. Cuevas 1450 N.E. SECOND AVE. MIAMI FL 33132-8308
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3. Date Incorporated or Qualified 02/29/1988	
4. FEI Number 65-0093213	Applied For <input type="checkbox"/> Yes <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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CUEVAS, ROGER C
1450 N.E. 2ND AVENUE
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ 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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROP, MICHAEL		1.2 NAME STINSON, SOLOMON C.	
STREET ADDRESS 2001 NE 195TH DRIVE		1.3 STREET ADDRESS 6900 N.W. 5th Avenue	
CITY-ST-ZIP N. MIAMI BEACH FL		1.4 CITY-ST-ZIP Miami, Florida 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADDOCK, G. HOLMES		2.2 NAME PEREZ, JR., DEMETRIO	
STREET ADDRESS 5029 S.W. 151ST PLACE		2.3 STREET ADDRESS 904 S.W. 23rd Avenue	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, Florida 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TVP	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINDS, RICHARD		3.2 NAME de la PORTILLA, RENIER DIAZ	
STREET ADDRESS 1450 NE 2ND AVE.		3.3 STREET ADDRESS 6500 S.W. 47th Street	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, Florida 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANTMAN, PERLA TABARES		4.2 NAME MORSE, MANTY SABATES	
STREET ADDRESS 16181 WEST TROON CIRCLE		4.3 STREET ADDRESS 1246 S.W. 15th Terrace	
CITY-ST-ZIP MIAMI LAKES FL		4.4 CITY-ST-ZIP Miami, Florida 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, BETSY H		5.2 NAME CUEVAS, ROGER C.	
STREET ADDRESS 8790 SW 122ND DRIVE		5.3 STREET ADDRESS 12353 S.W. 104 Lane	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, Florida 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, FEDERICA S.		6.2 NAME	
STREET ADDRESS 13131 N.W. 28TH COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ **Richard H. Hinds, TVP** 995-1225

CR2E037 (10/97)