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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25080

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

Principal Place of Business % ROGER C. CUEVAS 1450 N.E. SECOND AVE. MIAMI FL 33132-8308	Mailing Address % ROGER C. CUEVAS 1450 N.E. SECOND AVE. MIAMI FL 33132-8308
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/29/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0093213
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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	HANTMAN, PERLA TABARES
STREET ADDRESS	16181 WEST TROON CIRCLE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAPLAN, BETSY H
STREET ADDRESS	6790 SW 122ND DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" 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	STINSON, SOLOMON C.
1.3 STREET ADDRESS	6900 N.W. 5 Avenue
1.4 CITY-ST-ZIP	Miami, FL 33150
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEREZ, JR., DEMETRIO
2.3 STREET ADDRESS	904 S.W. 23 Avenue
2.4 CITY-ST-ZIP	Miami, FL 33135
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DR. ROBERT B. INGRAM
3.3 STREET ADDRESS	1155 Sharar Avenue
3.4 CITY-ST-ZIP	Opa Locka, FL 33054
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORSE, MANTY SABATES
4.3 STREET ADDRESS	1246 S.W. 15 Terrace
4.4 CITY-ST-ZIP	Miami, FL 33145
5.1 TITLE	P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CUEVAS, ROGER C.
5.3 STREET ADDRESS	12353 S.W. 104 Lane
5.4 CITY-ST-ZIP	Miami, FL 33186
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DR. MARTA PEREZ
6.3 STREET ADDRESS	8601 S.W. 4 Street
6.4 CITY-ST-ZIP	Miami, FL 33144

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/30/99 995-2794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)