

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27916

1. Corporation Name

THE LAND TRUST OF DADE COUNTY, INC.

Principal Place of Business

7800 S.W. 57 AVE.
SUITE 133
SOUTH MIAMI FL 33143
US

Mailing Address

7800 S.W. 57 AVE.
SUITE 133
SOUTH MIAMI FL 33143
US



REINSTATEMENT

99-02

2. Principal Place of Business

21 550 Biltmore Way
Suite, Apt. #, etc.
22 Ste. 810

23 Coral Gables, FL
City & State

24 33134 25 USA
Zip Country

2a. Mailing Address

26 P.O. Box 331811
Suite, Apt. #, etc.

27

28 Coconut Grove, FL
City & State

29 33433- 30 USA
Zip Country

Date incorporated or qualified

08/17/1988

4. FEI Number
65-0139202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MATKOV, THOMAS J.
550 BILTMORE WAY
STE 810
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 *Thomas J. Matkov, Vice President*

3/8/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PRESIDENT, SALLYE G	118 S. RIVER DRIVE	MIAMI FL 33130	<input type="checkbox"/>
VPD	MATKOV, THOMAS J	550 BILTMORE WAY, STE. 810	CORAL GABLES FL 33134	<input type="checkbox"/>
TD	TURNER, DAVID	19 W. FLAGLER STREET, STE. 311	MIAMI FL 33130	<input type="checkbox"/>
SD	LILLY, ELISABETH	3670 HIBISCUS STREET	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
D	HUGHES, NANCY	1611 N.W. 12 AVENUE, WEST WING 117	MIAMI FL 33136	<input checked="" type="checkbox"/>
D	KIRK, STEVEN	3500 SOUTH MOORINGS WAY	MIAMI FL 33133	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Director	John Audette	350 NW 12th Avenue	Deerfield Beach, FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	James Murley	220 SE 2nd Ave. Rm. 709	Ft. Lauderdale, FL 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Benjamin Starrett	150 SE Second Ave., Ste. 709	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Theo Long	901 NW 14th Ct.	Miami, FL 33125	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Change Addition

KE

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: *Thomas J. Matkov* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

305-529-1500

Daytime Phone #

CR2E037 (5/99)