

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N32187

1. Corporation Name

PEOPLE WITH AIDS COALITION OF DADE COUNTY, INC.

| Principal Place of Business |
|-----------------------------|
| 3892 BISCAYNE BLVD |
| MIAMI FL 33137-3731 |
| US |

Mailing Address

3892 BISCAYNE BLVD MIAMI FL 33137-3731

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90048 039 ****70.00

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| 2 Principal | Place of Business | 2a. Mailing Address | | 3. Date incorporated or Qualifed | | |
|--|--|---|--------------------------------|---|----------------------------|--|
| 21 | - lace of business | 26 | | 05/09/1989 | e es . | |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | 4. FEI Number | Applied For | |
| 22 | | 27 | | 65-0203093 | . Not Applicable | |
| City & Sta | ite | City & State | | 5 0 W 1 (Obstace Descine) | \$8.75 Additional | |
| 23 | | 28 | | 5. Certifcate of Status Desired | Fee Required | |
| Zip | Country | Zip Country | | 6. Election Campaign Financing | \$5.00 May Be | |
| 24 | 25 | 29 30 | | Trust Fund Contribution | Added to Fees | |
| , | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| | - k | * | 81 Name | | | |
| DE LA O. | MICHAEL M | | 82 Street Ad | Trussell, David A. ddress (P.O. Box Number is Not Acceptable) | | |
| | AYNE BLVD | | OL SHOOT AC | 3892 Biscayne Blvd. | | |
| STE 2600 | | | 83 | | | |
| MIAMI FL | | | 24 67 | <u> </u> | . 85 Zip Code | |
| MINIMA | \$2131 | | 84 City | Miami F | L 33137 | |
| 11. Pursuan | t to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statutes | the above-named co | emoration cultimite this statement for the nurnose i | of changing its registered | |
| | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida, Such chande was autr | ionzea ov toe collubb | ation's board of directors. I hereby accept the app | ointment as registered | |
| 1 | MALLA C. 72. AADI | David A. | Trussell | 2/5/99 | | |
| SIGNATURE | Signature, typed or printed name of registered age | - | egistered Agent signature requ | uired when reinstating) DATE | | |
| 12. OFFICERS AND DIRECTORS 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | Trussell, David A. | Change SAddition | |
| NAME | | | 3892 Biscayne Blvd. | THIS SHOULD | | |
| STREET ADDRESS 3892 BISCAYNE BLVD 1.3 STREET ADDRESS | | Miami, FL 33137 | | | | |
| CITY-ST-ZIP | MIAMI FL 33/37 | | 1.4 CITY- ST-ZIP | MIAMIL, FD 33137 . A | | |
| TITLE | D | ☐ DELETE | 2.1 TTLE | Angel, Tere | ☐ Change | |
| NAME | KAHN, CAROL | | 2.2 NAME D | - · | | |
| STREET ADDRES | | | 2.3 STREET ADDRESS | 3892 Biscayne Blvd. | • • • | |
| CITY-ST-ZIP | MIAMI FL 33480 33137 | | 2. 4 CITY-ST-ZIP | Miami, FL 33137 | | |
| TITLE | VPS | ₹ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | BROOKS THAL W | | 3.2 NAME D | Ferrer, Luigi | | |
| STREET ADDRES | | | 3.3 STREET ADDRESS | 3892 Biscayne Blvd. | | |
| CITY-ST-ZIP | MIAMIFE | | 3.4. CITY-ST-ZIP | Miami, FL 33137 | , | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | HEGSTROM, PATRICKA | | 4. 2 NAME | | | |
| STREET ADDRES | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33137 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | Change Addition | |
| NAME | SUAREZ, GENE | | 5,2 NAME | | | |
| STREET ADDRES | | | 5,3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 83491 33137 | | 5.4 CITY-ST-ZIP | | · | |
| TOT 5 | T | □ net ete | 61 TITLE | | Change Addition | |

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. DAVID A. TRUSSELL

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AGUILAR, HERBERTH

3892 BISCAYNE BLVD

305-573-6010