**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:01

DOCUMENT # N38604 (7)

1. Corporation Name

KIDS IN DADE SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| KIDS IN DADE SOCIETY INC<br>2051 CORAL WAY<br>MIAMI FL 33145<br>US | C/O FRANCINE TEGZES<br>P O BOX 570669<br>MIAMI FL 33257-0669<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0231613 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ PAID FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

TEGZES, FRANCINE, CPA
18954 SO. DIXIE HWY
MIAMI FL 33157

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 _____ 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 | PD | 11 TITLE | ☐ Change ☐ Addition | |
| NAME | ZELLER, RAYMOND | 12 NAME | | |
| STREET ADDRESS | 2149 SW 30TH COURT | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | | |
| TITLE | VPD | 21 TITLE | ☐ Change ☐ Addition | |
| NAME | PAREKH, DIPAK M | 22 NAME | | |
| STREET ADDRESS | 4810 SW 87TH AVE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | | |
| TITLE | VPD | 31 TITLE | ☐ Change ☐ Addition | |
| NAME | TINSMAN, RUTH | 32 NAME | | |
| STREET ADDRESS | 640 E 49TH STREET | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | 34 CITY-ST-ZIP | | |
| TITLE | S | 41 TITLE | Secretary | ☒ Change ☐ Addition |
| NAME | HABER, CAROL B | 42 NAME | Marta Gomez-Chen | |
| STREET ADDRESS | 13290 S W 88TH LANE / STE A105 | 43 STREET ADDRESS | 201 West Flagler Street | |
| CITY-ST-ZIP | MIAMI FL | 44 CITY-ST-ZIP | Miami, Fla. 33186 | |
| TITLE | T | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | TEGZES, FRANCINE E | 52 NAME | | |
| STREET ADDRESS | 9855 SW 184TH STREET | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E037 (3/95)

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)(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:** _____ 6/22/95 305-441-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond H. Zeller

0018030