

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39586 (5)

1. Corporation Name
SOUTH DADE HEALTH, EDUCATION, HOUSING AND ECONOMIC DEVELOPMENT, CORP.

Principal Place of Business 10300 SW 216TH ST MIAMI FL 33190	Mailing Address 10300 SW 216TH ST MIAMI FL 33190
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1990		3a. Date of Last Report 03/15/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0255414		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARTLEY, BRODES H, JR 10300 SW 216 ST MIAMI FL 33190				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 _____
 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MERIAN		1.2 NAME		
STREET ADDRESS	19600 SW 320TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPE, LIZZIERENE		2.2 NAME		
STREET ADDRESS	10720 SW 222 DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	XD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, ROBERT		3.2 NAME		
STREET ADDRESS	11700 SW 216 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, HARRELL		4.2 NAME		
STREET ADDRESS	9890 SW 131ST ST		4.3 STREET ADDRESS	11450 SW 200 ST	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	33189	
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, JUANITA		5.2 NAME		
STREET ADDRESS	800 N E 15 ST		5.3 STREET ADDRESS	1758 W MOWRY	
CITY-ST-ZIP	HOMESTEAD FL		5.4 CITY-ST-ZIP	33030	
TITLE	T/D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Haymore, Mayola		6.2 NAME		
STREET ADDRESS	10730 SW 222 St		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		6.4 CITY-ST-ZIP		

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)(k), 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: *Juanita Garcia* **4/25/96 305-258-5471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)

N39586

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V/D
Clarke, Hubert
22245 SW 112 PL
Miami, FL 33170