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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N39586 (5)**

1. Corporation Name

SOUTH DADE HEALTH, EDUCATION, HOUSING AND ECONOMIC DEVELOPMENT, CORP.

Principal Place of Business

Mailing Address

10300 SW 216TH ST
MIAMI FL 3319010300 SW 216TH ST
MIAMI FL 33190-10033. Date Incorporated or Qualified
08/20/19903a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH, MERIAN**
STREET ADDRESS **19600 SW 320TH ST**
CITY- ST- ZIP **MIAMI FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE **D** ☐ DELETE
NAME **POPE, LIZZIERENE**
STREET ADDRESS **10720 SW 222 DR**
CITY- ST- ZIP **MIAMI FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE **D** ☐ DELETE
NAME **STINSON, ROBERT**
STREET ADDRESS **11700 SW 216 ST**
CITY- ST- ZIP **MIAMI FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE **D** ☐ DELETE
NAME **BROWN, HARRELL**
STREET ADDRESS **11450 SW 200 ST**
CITY- ST- ZIP **MIAMI FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE **SD** ☐ DELETE
NAME **GARCIA, JUANITA**
STREET ADDRESS **1758 W MOWRY**
CITY- ST- ZIP **HOMESTEAD FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE **TD** ☐ DELETE
NAME **HAYMORE, MAYOLA**
STREET ADDRESS **10730 SW 222 ST**
CITY- ST- ZIP **GOULDS FL**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merian Smith President 2/25/97 246-2018
Date Daytime Phone # 0033899

CR2E037 (9/96)