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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50927** (5)

1. Corporation Name

CONCERNED CITIZENS OF WEST DADE, INC. ✓



Principal Place of Business 13391 SOUTHWEST 26TH TERRACE MIAMI FL 33175 ✓	Mailing Address 13391 SOUTHWEST 26TH TERRACE MIAMI FL 33175-7172 ✓
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/21/1992 ✓	3a. Date of Last Report 04/05/1996 ✓
4. FEI Number NOT APPLICABLE ✓	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATOS, GABRIEL 13391 S.W. 26TH TERRACE MIAMI FL 33175 ✓	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
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, GABRIEL	1.2 NAME	
STREET ADDRESS	13391 SW 26TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	V-P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLUBB, INEZ	2.2 NAME	LISARDO RODRIGUEZ
STREET ADDRESS	13221 SW 25TH STREET	2.3 STREET ADDRESS	14201 SW 31ST ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIPE, LUIS	3.2 NAME	
STREET ADDRESS	2811 SW 137TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORIEGA, ANA	4.2 NAME	HILDA FERNANDEZ
STREET ADDRESS	13453 SW 29TH STREET	4.3 STREET ADDRESS	4416 SW 132 PLACE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES MENELAO	5.2 NAME	ADALBERTO GUERRERO
STREET ADDRESS	13470 S.W. 26TH TERRACE	5.3 STREET ADDRESS	13755 SW 24TH ST
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, REINALDO	6.2 NAME	MARIANA VICENTE
STREET ADDRESS	3710 SW 142ND AVENUE	6.3 STREET ADDRESS	13341 SW 26TH TERRACE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33175

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:

S. S. S. (TREASURER)

4/1/97 (305) 225-7941

CR2E037 (9/96)