

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>13391 SOUTHWEST 26TH TERRACE MIAMI FL 33175</b>	Mailing Address <b>13391 SOUTHWEST 26TH TERRACE MIAMI FL 33175</b>
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3. Date Incorporated or Qualified <b>09/21/1992</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>NOT APPLICABLE</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 85 Zip Code <b>FL</b>
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P MATOS, GABRIEL</b>
STREET ADDRESS	<b>13391 SW 26TH TERR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP RODRIGUEZ, LISARDO</b>
STREET ADDRESS	<b>14201 SW 31ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T FELIPE, LUIS</b>
STREET ADDRESS	<b>2811 SW 137TH CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S FERNANDEZ, HILDA</b>
STREET ADDRESS	<b>4416 SW 132ND PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GUERRERO, ADALBERTO</b>
STREET ADDRESS	<b>19755 SW 24TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D VICENTE, MARIANA</b>
STREET ADDRESS	<b>13341 SW 26TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S TERESA RODRIGUEZ</b>
4.3 STREET ADDRESS	<b>14201 SW 31ST STREET</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D MANUEL FERNANDEZ</b>
5.3 STREET ADDRESS	<b>3130 SW 133 COURT</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Luis Felipe TREASURER

04/01/98 225-7941

CR2E037 (10/97)