1-27-95 B-524-07C

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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 JAN 27 PM 4:05

DOCUMENT # N51463 (0)

1. Corporation Name
DADEFUND, INC.

Principal Place of Business	Mailing Address
SUITE 4770 2780 MIAMI FL 33131-2343 US	SUITE 4770 SUITE 2780 MIAMI FL 33131-2343 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1992
3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0366144 ☐ 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 ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 200 S. BISCAYNE BLVD.	26 200 S. BISCAYNE BLVD.
Suite, Apt. #, etc. 22 SUITE 2780	Suite, Apt. #, etc. 27 SUITE 2780
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33131-2343 / 25	Zip / Country 29 33131-2343 / 30

9. Name and Address of Current Registered Agent

SHACK, RUTH
SUITE 2780
200 BISCAYNE BLVD.
MIAMI FL 33131-2343

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ruth Shack RUTH SHACK/PRESIDENT 1/17/95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KNIGHT, DEWEY	1.2 NAME		
STREET ADDRESS	200 S. BISCAYNE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DC	☐ Change ☐ Addition
NAME	PRIO, MARIA ELENA	2.2 NAME	PRIO, MARIA ELENA	
STREET ADDRESS	200 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131-2343	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVID, LAWRENCE J	3.2 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE		☐ Change ☐ Addition
NAME	SHACK, RUTH	4.2 NAME		
STREET ADDRESS	200 S. BISCAYNE BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FARQUHAR, CAROL A	5.2 NAME		
STREET ADDRESS	1031 WEST RHAN ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, MARY	6.2 NAME		
STREET ADDRESS	312 PINE STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE TE	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)(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 added with an address.

SIGNATURE: Ruth Shack RUTH SHACK 1/17/95 (305) 371-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041510