FIL	E NO	W:	FIL	ING	FEE	IS	\$61	.25
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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N51463

(0)

DADE	EFUND, INC.				: I iddinial das dends islan di dia di	<b>10</b> (11) <b>1</b> 10(1 <b>1</b> 1)	## <b>813</b> 1# <b>818</b> *	
	pe of Business  CAYNE BLVD.	Mailing Address  200 S. BISCAYNE BL						
SUITE 2780		SUITE 2780	VU.					
MIAMI FL 3	33131	MIAMI FL 33131			Date Incorporated or Qualified	3a Det	e of Last	Danast
US		US			10/23/1992		01/27/1	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		· · · · · ·	Applied For
21		26			65-0366144		<del></del>	Not Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	И		Additional
City & Sta	ito	City & State		······································				Required
23		28			Election Campaign Financing     Trust Fund Contribution			May Be
Zφ	Country	Zip	Countr	v	·	ntonoikle te		d to Fees
24	25	29	30	,	8. This corporation has liability for i	Yes [V]	runders. No	199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R			<del></del>
			81	Name				
	K, RUTH		82	Street Äd	dress (P.O. Box Number is Not Acceptab	leì		
SUITE								
	SCAYNE BLVD.		83	3				
MIAM	FL 33131-2343		84	City			<b>85</b> Zip	p Code
44.5				'		FL	1	
Or registe	red agent, or both, in the state of rion	da. Such change was aumonz	ea by the core	named corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of char	iging its r	egistered office
familiar w	with, and accept the obligations of, Sect	tion 617.0503, Florida Statute	S.		and on directors. Thereby accept the appe	midright 23 i	agiatai eu	agent ram
SIGNATURE								
12.	Signature, typed or printed name of registered agent OFEICERS AN	D DIRECTORS	JIE Hegistered Age	rr' signature requi	red when reinstatings ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	NDC INL10
TITLE	D	<b>EN</b> DELETE	1.1 TITLE	C			Change	Addition
NAME	KNIGHT, DEWEY	_	1.2 NAME		hislain Gournige, Jr.	L	jenango	- Audition
STREET ADDRESS			13STREE	T ADDRESS	& 1 Brickell Avenue			
CITY - ST - ZIP	MIAMI FL		1.4 CITY -		Miani, FL 33131			
TIFLE	DC	DELETE	2 1 TITLE				] Change	☐ Addition
NAME	PRIO, MARIA ELENA		2 2 NAME					
STREET ADDRESS	200 S. BISCAYNE BLVD.		23STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL		2 4 CITY-	\$T-ZiP				
TITLE	D	DELETE	3 1 TITLE				Change	Addition
NAME	DAVID, LAWRENCE J		3 2 NAME					
STREET ADDRESS	TOO O DIOUTINE DEID.			T ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL	Porter	3 4 CITY-	S1-ZIP		<u></u>		
NAME	DP SHACK BITTH	DELETE	4 I TITLE				] Change	Addition
STREET ADDRESS	SHACK, RUTH 200 S. BISCAYNE BLVD.		4 2 NAME					
CITY-ST-ZIP	MIAMI FL		1	T ADDRESS				
TITLE	D D	DELETE	4 4 CITY - 5 1 TITLE	51 - ZIP			Change	Addition
NAME	FARQUHAR, CAROL A		5 2 NAME			L.	j onange	☐ Wagitiali
STREET ADDRESS	1031 WEST RHAN ROAD			T ADDRESS				
CITY - ST - ZIP	DAYTON OH		5 4 CITY - :					
TITLE	D	DELETE	61 TILE	91 21			Change	Addition
NAME	MCKENNA, MARY		6.2 NAME			<b></b>		
STREET ADDRESS	312 PINE STREET			r address				
CITY - ST - ZIP	ORANGE TE		6.4 CITY -:	ST-7iP				
14. I do herel	by certify that the information supplied the information undicated on this	with this filing is voluntarily furn	ished and doe	s not qualify	for the exemption stated in Section 119.0	07(3)(k), Florid	da Statute	es. 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 in changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH SHACK 1/22/96 (300)371 2711
Date Prome P