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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51463

1. Corporation Name
DADEFUND, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. SUITE 2780 MIAMI FL 33131 US	200 S. BISCAYNE BLVD. SUITE 2780 MIAMI FL 33131 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/23/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0366144 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRIO, MARIA ELENA		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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GHISLAIN, GOURAIGE J		2.2 NAME		
STREET ADDRESS	701 BRICKETT AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	DAVID, LAWRENCE J		3.2 NAME	Hudson, Sherill	
STREET ADDRESS	200 S BISCAYNE BLVD.		3.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	DP	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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 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, with all other like empowered

SIGNATURE: [illegible] REQUIRED 04/16/1999 (305)371-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)