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Jul 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000413 (5)

1. Corporation Name

DADE SCHOLASTIC CHESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7301 S.W. 109TH CT.
MIAMI FL 33173

7301 S.W. 109TH CT.
MIAMI FL 33173-2761

3. Date Incorporated or Qualified
01/26/1993

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

65-0508632

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, RICHARD M ESQ.
2 SOUTH BISCAYNE BLVD.
1 BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

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 ARDEN W. DILLEY

(NOTE: Registered Agent signature required when registering)

DATE

7-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DILLEY, ARDEN W
STREET ADDRESS 7301 S.W. 109TH COURT
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MCMANIS, BARBARA L
STREET ADDRESS 1410 MANTUA AVE.
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GANNON, MEGAN
STREET ADDRESS 11501 SW 124 CT
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DOMINGUEZ, ALBERTO L
STREET ADDRESS 15600 SPARTAN BLVD.
CITY-ST-ZIP OPA-LOCKA FL 33054

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME FALCON, LYNN
STREET ADDRESS 18841 S.W. 78TH COURT
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

ARDEN W. DILLEY

7-7-97

CR2E037 (9/96)