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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000417 (6)**

1. Corporation Name

THE UNIVERSITY OF PENNSYLVANIA DADE ALUMNI FOUNDATION, INCORPORATED



Principal Place of Business % SEMET, LICKSTEIN, MORGENSTERN, ETAL 201 ALHAMBRA CIRCLE, STE. 1200 CORAL GABLES, FL 33134	Mailing Address % SEMET, LICKSTEIN, MORGENSTERN, ETAL 201 ALHAMBRA CIRCLE, STE. 1200 CORAL GABLES, FL 33134
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2. Principal Place of Business 21 100 S.E. 2 ND STREET Suite, Apt. #, etc. #2800 22 City & State Miami, FL Zip 33131 Country U.S.A.	2a. Mailing Address 26 100 S.E. 2 ND STREET Suite, Apt. #, etc. #2800 27 City & State Miami, FL Zip 33131 Country U.S.A.
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3. Date Incorporated or Qualified 02/01/1993	4. FEI Number 65-0488720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SEMET, LICKSTEIN, MORGENSTERN, ETAL 201 ALHAMBRA CIR SUITE 1200 CORAL GABLES, FL 33134
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10. Name and Address of New Registered Agent 81 Name Melvin C. Morgenstern 82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2 ND STREET - #2800 83 One International Place 84 City Miami FL 85 Zip Code 33131

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 Melvin C. Morgenstern ~~Address change for existing Agent~~ DATE 4/30/98
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	VD	1.1 TITLE	
NAME	WAXMAN, ROBERT L	1.2 NAME	
STREET ADDRESS	1153 NW 210 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	GREENBERG, PHYLLIS	2.1 TITLE	
NAME	5050 N KENDALL DR	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	ORLIN, KAREN J	3.2 NAME	
STREET ADDRESS	1121 SUNSET RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	3.4 CITY-ST-ZIP	
TITLE	PO	4.1 TITLE	
NAME	MILLER, ALAN	4.2 NAME	
STREET ADDRESS	1800 NE 171 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BROWN, BERT S	5.2 NAME	
STREET ADDRESS	6435 SW 102ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PO	6.1 TITLE	
NAME	Litngow, Karen	6.2 NAME	
STREET ADDRESS	1 Alhambra Plaza, PH	6.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	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: Karen Orlin 4/30/98 305-536-6254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027190

CR2E037 (10/97)