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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000000417

1. Corporation Name

THE UNIVERSITY OF PENNSYLVANIA DADE ALUMNI FOUNDATION, INCORPORATED

251172 - 90126 - 49

Principal Place of Business

100 SE 2ND ST
2800
MIAMI FL 33131
US

Mailing Address

100 SE 2ND ST
2800
MIAMI FL 33131
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0488720

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGENSTERN, M C
100 SE 2ND ST
2800
MIAMI FL 33131

81 Name

Orlin, K.J.

82 Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd St., Suite 2800

83

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

Karen J. Orlin Karen J. Orlin Vice President/Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/18/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME WAXMAN, ROBERT L.
STREET ADDRESS 1153 NW 210 TERRACE
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

1.1 TITLE VD
1.2 NAME Waxman, Robert L.
1.3 STREET ADDRESS 13290 Biscayne Bay Terrace
1.4 CITY-ST-ZIP N. Miami, FL 33181

☒ Change ☐ Addition

TITLE VSD
NAME ORLIN, KAREN J
STREET ADDRESS 1121 SUNSET RD
CITY-ST-ZIP CORAL GABLES FL 33143

☐ DELETE

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

☐ Change ☐ Addition

TITLE T
NAME BROWN, BERT S
STREET ADDRESS 6435 SW 102ND ST
CITY-ST-ZIP MIAMI FL

☒ DELETE

3.1 TITLE T
3.2 NAME Danziger, Alix B.
3.3 STREET ADDRESS 10300 S.W. 70th Avenue
3.4 CITY-ST-ZIP Miami, FL 33156-0001

☒ Change ☐ Addition

TITLE PD
NAME LITGOW, K
STREET ADDRESS 1 ALHAMBRA PLAZA, PH
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

4.1 TITLE PD
4.2 NAME Dohner, David
4.3 STREET ADDRESS 7930 N.W. 36th Street, Apt. 388
4.4 CITY-ST-ZIP Miami, FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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:

Karen J. Orlin Karen J. Orlin Secretary
Signature, typed or printed name of signing officer or director
3/18/99 305-539-8400
Date Daytime Phone #

CR2E037 (11/98)