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55 FEB 27 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Suzanne B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N93000002250 (9)**  
1. Corporation Name  
**DADE COUNTY FOUNDATION FOR INTERSCHOLASTIC SPORT S. INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1450 N.E. 2ND AVE.<br/>ROOM 202<br/>MIAMI FL 33132</b> | Mailing Address<br><b>1450 N.E. 2ND AVE.<br/>ROOM 202<br/>MIAMI FL 33132</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/13/1993</b> | 3a. Date of Last Report<br><b>05/27/1994</b> |
| 4. FEI Number<br><b>65-0440175</b>                     | Applied For<br>Not Applicable                |

|  |   |                          |                          |
|--|---|--------------------------|--------------------------|
| 2. Principal Place of Business<br>21 <b>1500 BISCAYNE Blvd.</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 343</b><br>City & State<br>23 <b>MIAMI FLA</b><br>Zip<br>24 <b>33132</b> | 2a. Mailing Address<br>26 <b>1500 BISCAYNE BLVA</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 343</b><br>City & State<br>28 <b>MIAMI FLA.</b><br>Zip<br>29 <b>33132</b> | Country<br>25 <b>USA</b> | Country<br>30 <b>USA</b> |
|--|---|--------------------------|--------------------------|

|  |  |
|--|--|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$6.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**KOONCE GEORGE  
1450 N.E. 2ND AVE.  
ROOM 202  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>KOONCE GEORGE</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1500 BISCAYNE BOULEVARD</b> |
| 83<br><b>SUITE 343</b>  |
| 84 City<br><b>MIAMI</b>   |
| 85 Zip Code<br><b>FL 33132</b>  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of appointment (4/27/95) Registered Agent separate register when appropriate

12. OFFICERS AND DIRECTORS

|   |   |
|---|---|
| TITLE<br><b>PD</b>                                  | NAME<br><b>BECKER WAYNE</b>                       |
| STREET ADDRESS<br><b>9443 SO. OLD DIXIE HIGHWAY</b> | CITY - ST - ZIP<br><b>MIAMI FL 33156</b>          |
| TITLE<br><b>VPD</b>                                 | NAME<br><b>GREENBERG JAYNE DR.</b>                |
| STREET ADDRESS<br><b>1247 N.E. 167 ST.</b>          | CITY - ST - ZIP<br><b>N. MIAMI BCH., FL 33162</b> |
| TITLE<br><b>VPD</b>                                 | NAME<br><b>RODRIGUEZ JOSEPH</b>                   |
| STREET ADDRESS<br><b>1835 W. FLAGLER ST.</b>        | CITY - ST - ZIP<br><b>MIAMI FL 33135</b>          |
| TITLE<br><b>SD</b>                                  | NAME<br><b>BETHEL CHARLES</b>                     |
| STREET ADDRESS<br><b>1200 N.W. 6 AVE.</b>           | CITY - ST - ZIP<br><b>MIAMI FL 33138</b>          |
| TITLE<br><b>TD</b>                                  | NAME<br><b>MILLER HARVEY</b>                      |
| STREET ADDRESS<br><b>1320 SO. DIXIE HIGHWAY, PH</b> | CITY - ST - ZIP<br><b>CORAL GABLES FL 33146</b>   |
| TITLE   | NAME  |
| STREET ADDRESS                                      | CITY - ST - ZIP                                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |  |
|--|--|--|
| 11 TITLE<br><b>PD</b>                                  | 12 NAME<br><b>BECKER WAYNE</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13 STREET ADDRESS<br><b>9443 SO. OLD DIXIE HIGHWAY</b> | 14 CITY - ST - ZIP<br><b>MIAMI FL 33156</b>            |  |
| 21 TITLE<br><b>VPD</b>                                 | 22 NAME<br><b>GREENBERG, JAYNE</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 STREET ADDRESS<br><b>1247 N.E. 167 ST.</b>          | 24 CITY - ST - ZIP<br><b>N. MIAMI BEACH, FL. 33162</b> |  |
| 31 TITLE<br><b>VPD</b>                                 | 32 NAME<br><b>RODRIGUEZ JOSEPH</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 33 STREET ADDRESS<br><b>1835 W. FLAGLER ST.</b>        | 34 CITY - ST - ZIP<br><b>MIAMI FL. 33135</b>           |  |
| 41 TITLE<br><b>SD</b>                                  | 42 NAME<br><b>BETHEL CHARLES</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 43 STREET ADDRESS<br><b>1781 N.W. 95 ST.</b>           | 44 CITY - ST - ZIP<br><b>MIAMI, FL. 33147</b>          |  |
| 51 TITLE<br><b>TREAS.</b>                              | 52 NAME<br><b>HARVEY MILLER</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 53 STREET ADDRESS<br><b>1320 SO. DIXIE HWY PH</b>      | 54 CITY - ST - ZIP<br><b>CORAL GABLES, FLA. 33146</b>  |  |
| 61 TITLE   | 62 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 63 STREET ADDRESS                                      | 64 CITY - ST - ZIP                                     |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 113.07(2)(b), 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 liquidator 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: *George Koonce Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95

(305) 495-2306