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May 05 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 # N93000002250 (9)

1. Corporation Name

DADE COUNTY FOUNDATION FOR INTERSCHOLASTIC SPORT S, INC.



Principal Place of Business

Mailing Address

1500 BISCAYNE BLVD
SUITE 843
MIAMI FL 33132
US

701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131-2847
US

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
12/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENJAMIO, ESQ., MR. JUAN	
STREET ADDRESS	701 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NASH, MR. BILL	
STREET ADDRESS	7861 N.W. 55 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WHEATLEY, MR. RUSSELL W	
STREET ADDRESS	1500 BISCAYNE BLVD., SUITE 316	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREENBERG, DR. JAYNE	
STREET ADDRESS	1500 BISCAYNE BLVD., SUITE 316	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BALES, MR. BUDDY	
STREET ADDRESS	751 DOVE AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALAZS, MR. RON	
STREET ADDRESS	8865 S.W. 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)