

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR -7 PM 3: 08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N93000002250 (9)

1. Corporation Name
DADE COUNTY FOUNDATION FOR INTERSCHOLASTIC SPORT S, INC.

Principal Place of Business
 1500 BISCAYNE BLVD
 SUITE 343
 MIAMI FL 33132
 US

Mailing Address
 701 BRICKELL AVE.
 SUITE 3000
 MIAMI FL 33131
 US

3. Date Incorporated or Qualified
 05/13/1993

4. FEI Number
 65-0440175

Applied For
 Not Applicable

2. Principal Place of Business

21 Sulte, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Country

26 Sulte, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
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	

800002482928 -- 7
 -04/08/98 - -01086 --013
 *****61.25 *****

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Juan C. Enjamio* **4/3/98** **(305) 789-7782**

CR2E037 (10/97)