

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000003807 (5)**

1. Corporation Name

**DADE COUNTY CULTURAL EDUCATIONAL ALLIANCE, INC.**



Principal Place of Business

Mailing Address

7640 N.W. 108TH ST.  
MIAMI FL 33107  
-US

P O BOX 015825  
MIAMI FL 33015  
US

3. Date Incorporated or Qualified

**08/23/1993**

3a. Date of Last Report

**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10680 NW 25 ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **202**

27

City & State

City & State

23 **Miami FI**

28

Zip

Country

Zip

Country

24 **33172**

25

**USA**

29

30

4. FEI Number

**65-0309539**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILSTEIN, RICHARD  
AKERMAN, SENTERPIT  
801 BRICKELL AVE, 2400  
MIAMI FL 33131

Don Slesnick  
10680 NW 25 ST #202  
Miami FI 33172-2108

81 Name

**Don Slesnick**

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

**10680 NW 25 ST #202**

83

84 City

**Miami**

**FL**

85 Zip Code

**33172**

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

DP

☒ DELETE

NAME

**MILSTEIN, RICHARD**

STREET ADDRESS

**801 BRICKELL AVE, 2400**

CITY - ST - ZIP

**MIAMI FL**

TITLE

DV

☐ DELETE

NAME

**APFEL, KAY H**

STREET ADDRESS

**550 SABAL PALM RD.**

CITY - ST - ZIP

**MIAMI FL 33133**

TITLE

DT

☐ DELETE

NAME

**BRUNEY, LAURA**

STREET ADDRESS

**200 S. BISCAYNE BOULEVARD SUITE 4500**  
**201 S. Biscayne Blvd #2400**

CITY - ST - ZIP

**MIAMI FL 33131**

TITLE

S

☐ DELETE

NAME

**WOOLCOT, NANCY**

STREET ADDRESS

**300 N.E. 2ND AVENUE**

CITY - ST - ZIP

**MIAMI FL 33132**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

**DP**

☐ Change ☒ Addition

1.2 NAME

**Don Slesnick**

1.3 STREET ADDRESS

**10680 NW 25 ST #202**

1.4 CITY - ST - ZIP

**Miami FI 33172**

2.1 TITLE

**Admin.**

☐ Change ☒ Addition

2.2 NAME

**John Casbarro**

2.3 STREET ADDRESS

**5532 SW 114 Ave**

2.4 CITY - ST - ZIP

**Cooper City FI 33330**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Don Slesnick**

Date

**6/27/96**

Daytime Phone #

**(305) 4774820**

0006591

CR2E037 (3/96)