FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003643 (3)**

1. Corporation Name

DADE HUMAN RIGHTS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1541 BRICKELL AVE SUITE 1105 MIAMI FL 33129	1541 BRICKELL AVE SUITE 1105 MIAMI FL 33129

3. Date Incorporated or Qualified: 07/22/1994

3a. Date of Last Report:

4. FEI Number: 65-0510204 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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
STEIN, STEWART 1541 BRICKELL AVE SUITE 1105 MIAMI FL 33129	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 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: [signature] STEWART STEIN 4/28/95
(Signature, type or printed name of Registered Agent, and title if applicable) (NOTE: Registered Agent signature required when new/amended) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STEIN, STEWART	12 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LEYVA, DENNIS	22 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, CHUCK	32 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ-YBOR, IGNACIO	42 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCCARTNEY, SHARI	52 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BARNUM, TIM	62 NAME	
STREET ADDRESS	1541 BRICKELL AVE SUITE 1105	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	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 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 added to the report.

SIGNATURE: [signature] STEWART STEIN 4/28 305-593-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0006803