

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 # N94000003643 (3)
1. Corporation Name

DADE HUMAN RIGHTS FOUNDATION, INC.



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

Mailing Address
1541 BRICKELL AVE SUITE 1105
MIAMI FL 33129

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/22/1994 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 65-0510204 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current 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 |
| 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 STEWART STEIN DATE 6/19/96
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------|
| TITLE | D |
| NAME | STEIN, STEWART |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |
| TITLE | D |
| NAME | LEYVA, DENNIS |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |
| TITLE | D |
| NAME | REYNOLDS, CHUCK |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |
| TITLE | D |
| NAME | MARTINEZ-YBOR, IGNACIO |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |
| TITLE | D |
| NAME | MCCARTNEY, SHARI |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |
| TITLE | D |
| NAME | BARNUM, TIM |
| STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| CITY - ST - ZIP | MIAMI FL 33129 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------------|
| 1.1 TITLE | D |
| 1.2 NAME | EDWARD MCINTYRE |
| 1.3 STREET ADDRESS | 1541 BRICKELL AVE SUITE 1105 |
| 1.4 CITY - ST - ZIP | MIAMI, FL 33129 |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 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: EDWARD MCINTYRE DATE 6/19/96 DAYTIME PHONE # 305-593-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)