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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

N94000003643 (3)

DADE HUMAN RIGHTS FOUNDATION, INC.

Principal Place of Business Mailing Address 1541 BRICKELL AVE SUITE 1105 1541 BRICKELL AVE SUITE 1105 MIAMI FL 33129-1218 MIAMI FL 33129 Date Incorporated or Qualified 07/22/1994 3a. Date of Last Report 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0510204 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name STEIN, STEWART 82 Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVE SUITE 1105 83 MIAMI FL 33129 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE D □ DELETE 1.1 TITLE ☐ Change Addition SIDNEY BRIED NAME STEIN, STEWART 12 NAME 1541 BRICKELL AND #1105 1541 BRICKELL AVE SUITE 1105 STREET ADDRESS 1.3 STREET ADDRESS MIMMI, PC MIAMI FL 33129 1.4 CITY-ST-ZIP CITY-SI-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition JOAN Schaeter LEYVA, DENNIS 22 NAME NAME 1541 BRICKEL AVE # 1100 STREET ADDRESS 1541 BRICKELL AVE SUITE 1105 2.3 STREET ADDRESS **MIAMI FL 33129** 2.4 CITY-ST-ZIP MIAMI, FL 33129 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE REYNOLDS, CHUCK NAME 3.2 NAME 1541 BRICKELL AVE SUITE 1105 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MARTINEZ-YBOR, IGNACIO NAME 4. 2 NAME 1541 BRICKELL AVE SUITE 1105 4.3 STREET ADORESS STREET ADDRESS MIAMI FL 33129 CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE MCCARTNEY, SHARI NAME 5.2 NAME 1541 BRICKELL AVE SUITE 1105 STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL 33129 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition D BARNUM, TIM 6.2 NAME NAME 1541 BRICKELL AVE SUITE 1105 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver of uistee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an anaptiment with an address.

SIGNATURE:

I am an officer or director of the corpo appears in Block 12 or Block 13 if cha

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING

305-593-6666

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FILED

Apr 18 1997 8:00am

Secretary of State