

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State



DOCUMENT # N94000003643 (3)

1. Corporation Name

DADE HUMAN RIGHTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1900 SUNSET HARBOR DRIVE
SUITE 2302
MIAMI BEACH FL 33139

1900 SUNSET HARBOR DRIVE
SUITE 2302
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

07/22/1994

4. FEI Number

65-0510204

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 P.O. Box 398303

27 City & State

28 Zip

Country

29

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. 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

REYNOLDS, CLARK
1900 SUNSET HARBOR DRIVE
SUITE 2302
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 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 relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME STEIN, STEWART
STREET ADDRESS 1541 BRICKELL AVE SUITE 1105
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME LEYVA, DENNIS
STREET ADDRESS 1541 BRICKELL AVE SUITE 1105
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME REYNOLDS, CHUCK
STREET ADDRESS 1541 BRICKELL AVE SUITE 1105
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME MARTINEZ-YBOR, IGNACIO
STREET ADDRESS 1541 BRICKELL AVE SUITE 1105
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME BRIEN, SIDNEY
STREET ADDRESS 1541 BRICKELL AVE, 1105
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

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 Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE T/M ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S/D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE HD ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)