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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006324 (7)
 1. Corporation Name
WOMEN'S COUNCIL OF REALTORS DADE SOUTH CHAPTER, INC.



Principal Place of Business 12681 S DIXIE HIGHWAY MIAMI FL 33156 US	Mailing Address 10220 SW 87TH ST. MIAMI FL 33173-3930 US
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3. Date Incorporated or Qualified 12/28/1994	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business 21 Century 21 Dadeco Suite, Apt. #, etc. 17681 S. Dixie Highway City & State Miami Zip 33156 Country DADE	2a. Mailing Address 26 8721 SW 188 ST Suite, Apt. #, etc. City & State Miami, FL Zip 33157 Country USA
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4. FEI Number 65-0454093	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 *GADINSKY, DOROTHY
 10220 SW 87TH ST.
 MIAMI FL 33173

10. Name and Address of New Registered Agent
 81 Name PAT SHROYER
 82 Street Address (P.O. Box Number is Not Acceptable) 8721 SW 188 ST
 83
 84 City MIAMI FL 85 Zip Code 33157

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 *Fabian Gen Hugo* DATE 2/3/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SHROYER, PAT	
STREET ADDRESS	12681 S DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	GADINSKY, DOROTHY	
STREET ADDRESS	9485 SUNSET DR #A150	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	DUQUE-ELLE, DIANA	
STREET ADDRESS	1360 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	VALDES, MARY	
STREET ADDRESS	9260 SUNSET DR., #219	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LONG, MARGARET	
STREET ADDRESS	37 MAJORCA AVE. #203	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. NEW OFFICERS/ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Pres. Pat Shroyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	8721 SW 188 ST		
1.4 CITY-ST-ZIP	MIAMI FL 33157		
2.1 TITLE	Pres-Elect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Sara Pecina		
2.3 STREET ADDRESS	15004 SW 91 Ter		
2.4 CITY-ST-ZIP	MIAMI FL 33196		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MARGARET S LONG		
3.3 STREET ADDRESS	11 E. EDGEMONT DR. #5		
3.4 CITY-ST-ZIP	CORAL GABLES FL 33133		
4.1 TITLE	Sec. Barbara Eskridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	5901 SW 74th St #400		
4.4 CITY-ST-ZIP	MIAMI FL 33143		
5.1 TITLE	TROS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DAWN MOLINA-WOOD		
5.3 STREET ADDRESS	11402 SW 129 PL		
5.4 CITY-ST-ZIP	MIAMI FL 33186		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

CR2E037 (9/96)