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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006324

1. Corporation Name
WOMEN'S COUNCIL OF REALTORS DADE SOUTH CHAPTER, INC.

Principal Place of Business CENTURY 21 EXECUTIVE ONE 9485 SUNSET DR. 150-A MIAMI FL 33173 US	Mailing Address 15004 SW 91 TERRACE MIAMI FL 33196 US
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2. Principal Place of Business 21 WOMEN'S COUNCIL REALTORS	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 12/28/1994
Suite, Apt. #, etc. 22 P O BOX 566172	Suite, Apt. #, etc. 27	4. FEI Number 65-0454093
City & State 23 MIAMI, FLORIDA	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33156-6172 Country USA	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PECINA, SARA 15004 SW 91 TERRACE MIAMI FL 33196	10. Name and Address of New Registered Agent 81 Name PAULA HERRIS 82 Street Address (P.O. Box Number is Not Acceptable) 12305 S. Dixie Highway 83 84 City Miami, FL 85 Zip Code 33156
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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 *Paula Harris* *PAULA HERRIS* *3/28/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECINA, SARA 15004 SW 91 TERR MIAMI FL 33196 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Paula Herris 12305 S. Dixie Highway Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONADON, JENA 8485 MILLER DR MIAMI FL 33156 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRIS, PAULA 12305 S DIXIE HWY MIAMI FL 33176 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	President Elect Elizabeth Ristine 3610 SW 13 St Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANGETTI, BARBARA 11927 S. DIXIE HWY, 201 MIAMI FL 33176 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Rebecca Aiduck 300 Sevilla Ave Suite 306 Coral Gables, FL 33134-6624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RILEY, ANNE 9485 SUNSET DR, 170-A MIAMI FL 33173 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary ALicia Caraballo 10301 S Dixie Highway 2nd Floor Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula Harris* *PAULA HERRIS* *3/28/99* *(305) 271-1496*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)