

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003870 (1)

1. Corporation Name
DADE ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.



Principal Place of Business 800 S. SOUTH MONROE STREET TALLAHASSEE FL 32301 1450 N.E. 2ND AVE, #664 MIAMI, FL 33132		Mailing Address 206 S. SOUTH MONROE STREET TALLAHASSEE FL 32301 C/O CBAS 3001 PENCE DE LEON BLVD CORAL GABLES, FL 33134	
2. Principal Place of Business 21 1450 N.E. 2ND AVE Suite, Apt. #, etc. 22 664 City & State 23 MIAMI, FL. Zip 24 33132	2a. Mailing Address 26 3001 PENCE DE LEON BLVD. Suite, Apt. #, etc. 27 211 City & State 28 CORAL GABLES, FL. Zip 29 33134	3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 03/08/1996
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		4. FEI Number 59-3329725	

9. Name and Address of Current Registered Agent GRANTFORD, DOUGLAS W 2000 S. SOUTH MONROE STREET TALLAHASSEE FL 32301 RODOLFO J. RODRIGUEZ 1450 N.E. 2ND AVE SUITE 664 MIAMI, FL. 33132		10. Name and Address of New Registered Agent 81 Name RODOLFO J. RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1450 N.E. 2ND AVE., SUITE 664 83 84 City MIAMI FL 85 Zip Code 33132	
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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 *[Signature]* **DATE** **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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 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, the registered agent, 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 checked.

SIGNATURE *[Signature]* **DATE** **4/30/97**

CR2E037 (9/96)