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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003870

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

Principal Place of Business	Mailing Address
~~1450 N.E. 2ND~~ AVE. ~~664~~ ~~MIAMI FL 33132~~ ~~US~~	~~3001 PONCE DE LEON BLVD.~~ ~~211~~ ~~CORAL GABLES FL 33134~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1444 BISCAYNE BLVD, #220	26 1444 BISCAYNE BLVD.	08/14/1995
Suite, Apt. #, etc. 22 #220	Suite, Apt. #, etc. 27 #220	4. FEI Number 59-3329725 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33131 25 USA	Zip / Country 29 33131 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~RODRIGUEZ, RODOLFO~~ J.
~~1450 N.E. 2ND AVE.~~
~~STE. 664~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name: MICHAEL LAX, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1570 MADRUGA AVE
83: SUITE #311
84 City: CORAL GABLES FL 85 Zip Code: 33146

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: 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~LEYVA, MARTA~~ ~~1450 N.E. 2ND AVE.~~ ~~MIAMI FL~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EXECUTIVE OFFICER FELDMAN, LAWRENCE 13924 SW 107 AVE MIAMI, FL. 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~KLEINMAN, BRYAN~~ ~~151 N.W. 5TH ST.~~ ~~HOMESTEAD FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRES/EXECUTIVE OFFICER KLEIMAN, BRYAN 16809 SW 89 AVE. MIAMI, FL. 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~RODRIGUEZ, RODOLFO~~ ~~1450 NE 2ND AVE~~ ~~MIAMI FL 33132~~	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	EXECUTIVE OFFICER GALLEN II, STEVE 771 NW 167 TERR. MIAMI, FL. 33169	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR ALLEN JR., LOUIE 738 NW 1ST. HALLANDALE, FL. 33009	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR DAVIS, THELMA 1369 NW 96 ST. MIAMI, FL. 33147	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR EVANS, GLORIA 14500 MAHOGANY CT. MIAMI LAKES, FL. 33014	☐ Change ☑ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED 25 Feb 99 (30K) 579-0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime