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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000658 (2)

1. Corporation Name

DOWN SYNDROME ASSOCIATION OF DADE COUNTY, INC.



Principal Place of Business

Mailing Address

9555 SOUTHWEST 24 STREET, UNIT G-206
MIAMI FL 33165

9555 SOUTHWEST 24 STREET, UNIT G-206
MIAMI FL 33165-8029

3. Date Incorporated or Qualified
02/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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4. FEI Number

65-0641730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARRICABURU, DELIA
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

TITLE VD
NAME GONZALEZ, ROGER
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

TITLE SD
NAME DIAZ, MARIE
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

TITLE TD
NAME GIGANTE, MARIO
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

TITLE D
NAME DE LA CRUZ, JUANITA
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

TITLE D
NAME CARRICABURU, CARLOS
STREET ADDRESS 9555 SOUTHWEST 24 STREET, UNIT G-206
CITY-ST-ZIP MIAMI FL 33165

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President/Secretary
1.2 NAME Terry Hernandez
1.3 STREET ADDRESS 9555 SW 24 street G206
1.4 CITY-ST-ZIP MIAMI FL 33165

2.1 TITLE Treasurer
2.2 NAME Mariela Jaspe
2.3 STREET ADDRESS 9555 SW 24 STREET G206
2.4 CITY-ST-ZIP MIAMI FL 33165

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

SIGNATURE:

Delia Carricaburu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/96 (305) 221-1958
Date Daytime Phone # 0031952

CP2E037 (9/96)