

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005430 (1)

1. Corporation Name

DADE COUNTY SURETY AGENTS ASSOCIATION, INC.

Principal Place of Business

318-A SW 12 AVE.  
MIAMI FL 33130

Mailing Address

318-A SW 12 AVE.  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/23/1996

3a. Date of Last Report  
09-11-97

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 320-A S.W. 12 Avenue

2a. Mailing Address

26 2000 S. Dixie Highway

Suite, Apt. #, etc.

22 Suite 104A

Suite, Apt. #, etc.

27 Suite 104A

City & State

23 Miami, Florida

City & State

28 Coconut Grove, Florida

Zip

24 33130

Country

25 Dade

Zip

29 33133

Country

30 Dade

9. Name and Address of Current Registered Agent

VELONZA, BERT  
2000 S. DIXIE HWY., STE. 104-A  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Bert Velunza

82 Street Address (P.O. Box Number is Not Acceptable)

2000 South Dixie Highway

83

Suite 104A

84 City

Coconut Grove

FL

85 Zip Code  
33133

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)

09-11-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Bert Velunza

1.3 STREET ADDRESS 2000 S. Dixie Highway, Suite 104A

1.4 CITY-ST-ZIP Coconut Grove, Florida 33133

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Humberto Lopez

2.3 STREET ADDRESS 320-A S.W. 12 Avenue

2.4 CITY-ST-ZIP Miami, Florida 33130

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Dexter De Leon

3.3 STREET ADDRESS 2000 S. Dixie Highway, Suite 104A

3.4 CITY-ST-ZIP Coconut Grove, Florida 33133

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 SIGNATURE REQUIRED

97 OCT -6 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
[Barcode]

CP2E037 (4/97)