FILE NOW: FILING FEE IS $61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N97000002208 (3)

1. Corporation Name
KIDS VOTING DADE COUNTY, INC.

Principal Place of Business	Mailing Address
8249 NW 36TH ST STE 218 MIAMI FL 33166	8249 NW 36TH ST STE 218 MIAMI FL 33166

3. Date Incorporated or Qualified: 04/17/1997

4. FEI Number: 65 0746536 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COMELLAS-MACRETTI, ADRIANA
8249 NW 36TH ST STE 218
MIAMI FL 33166

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☑ DELETE	1.1 TITLE	Co-President ☑ Change ☐ Addition
NAME	JOHANSEN, TOMAS T	1.2 NAME	JORGE L. ARRIZURIETA
STREET ADDRESS	9405 NW 41ST ST	1.3 STREET ADDRESS	450 East Las Olas Blvd, Ste 1200
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33122
TITLE	VD ☐ DELETE	2.1 TITLE	Co-President ☐ Change ☑ Addition
NAME	BICHARA, BLANCA	2.2 NAME	TITO R. GOMEZ
STREET ADDRESS	2277 NW 82ND AVE	2.3 STREET ADDRESS	150 W. Flagler St. Ste 1820
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	TD ☐ DELETE	3.1 TITLE	TD ☐ Change ☑ Addition
NAME	ARRIZURIETA, JORGE	3.2 NAME	CINDY PERALES
STREET ADDRESS	450 EAST LAS OLAS BLVD. STE 1200	3.3 STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	SD ☐ DELETE	4.1 TITLE	VP ☐ Change ☑ Addition
NAME	ROSEMOND, DAVID	4.2 NAME	MICHAEL FRIEDMAN
STREET ADDRESS	955 NE 123RD ST	4.3 STREET ADDRESS	1500 Biscayne Blvd, Room 326
CITY-ST-ZIP	NO MIAMI FL 33161	4.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Blanca C. Bichara 4/14/98

CR2E037 (10/97)