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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 _____ DATE
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	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 33312	
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 33130	
TITLE	~~SD~~	☐ 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		

CR2E037 (10/97)

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: Adriana C. Macretti 4/14/98