


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006562 (9)**

**MIAMI DADE COUNTY POLICE BENEVOLENT ASSOCIATION, INC.**



Principal Place of Business <b>10680 N.W. 25 STREET MIAMI FL 33172</b>	Mailing Address <b>10680 N.W. 25 STREET MIAMI FL 33172</b>
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3. Date Incorporated or Qualified  
**11/19/1997**

4. FEI Number  Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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  
**RIVERA, JOHN  
10680 N.W. 25 STREET  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	<b>Tyrone Williams</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10680 NW 25 Street</b>
83	<b>Suite 205</b>
84 City	<b>Miami</b>
85 Zip Code	<b>FL 33172</b>

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 **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>President/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>John Rivera</b>	
STREET ADDRESS	<b>10680 NW 25 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	<b>Vice Pres/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Richard Kolodgy</b>	
STREET ADDRESS	<b>10680 NW 25 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	<b>2nd Vice Pres/Director</b>	<input type="checkbox"/> DELETE
NAME	<b>John Delgado</b>	
STREET ADDRESS	<b>10680 NW 25 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Joan Clarke</b>	
STREET ADDRESS	<b>10680 NW 25 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33172</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Peggy J. Christian</b>	
STREET ADDRESS	<b>10680 NW 25 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33172</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **JOHN RIVERA** DATE: **4/17/98** 305-593-0044

CR2E037 (10/97)