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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N97000007022 (3)
1. Corporation Name
DADE-MONROE ~~COUNTY~~ WAGES COALITION, INC.
New name: Dade-Monroe Wages Coalition, Inc.
Amendment filed January 22, 1998.

Principal Place of Business Mailing Address
C/O RODERICK N. PETRY, ESO.
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

3. Date Incorporated or Qualified
12/17/1997

4. FEI Number
65-0803322
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 WAGES Coalition 26 WAGES Coalition
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 150 SE 2d Ave, Ste 600 27 150 SE 2d Ave., Ste 600
City & State City & State
23 Miami, FL 28 Miami, FL
Zip Country Zip Country
24 33131 25 USA 29 33131 30 USA

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
PETREY, RODERICK N ESO.
C/O HOLLAND & KNIGHT LLP
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	D	DELETED
NAME	BLUMBERG, PHILIP	
STREET ADDRESS	265 ALHAMBRA CIRCLE, SUITE 1100	
CITY-ST-ZIP	CORAL GABLES FL 33134-7400	
TITLE	D	DELETED
NAME	PENELAS, ALEX	
STREET ADDRESS	111 NW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	DELETED
NAME	REITER-FARAGALLI, ROBIN	
STREET ADDRESS	550 NE 59TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change Addition
1.2 NAME		
1.3 STREET ADDRESS	100002516151--3	
1.4 CITY-ST-ZIP	-05/07/98--01122--004 *****61.25 *****61.25	
2.1 TITLE	C/D	Change Addition
2.2 NAME	Penelas, Alex	
2.3 STREET ADDRESS	111 NW 1st Street	
2.4 CITY-ST-ZIP	Miami FL 33128	
3.1 TITLE	C/D	Change Addition
3.2 NAME	Reiter-Faragalli Robin	
3.3 STREET ADDRESS	550 NE 59th Street	
3.4 CITY-ST-ZIP	Miami FL 33137	
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 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]

CR2E037 (10/97)