

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 041 ****61.25

DOCUMENT # N98000004415

1. Corporation Name

NEW VISIONS FOR SOUTH DADE INC.

Principal Place of Business

424 S.W. 11TH AVENUE
HOMESTEAD FL 33030

Mailing Address

424 S.W. 11TH AVENUE
HOMESTEAD FL 33030



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

31-162-4820

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

9. Name and Address of Current Registered Agent

PRACHER, DOUGLAS J ESQ
MARCUS & MARCUS, P.A.
317 NORTH KROME AVENUE
HOMESTEAD FL 33030

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

TITLE D ☐ DELETE
NAME BROWN, WILLIE B
STREET ADDRESS 424 S.W. 11TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ DELETE
NAME BROWN, JEFFREY
STREET ADDRESS 424 S.W. 11TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ DELETE
NAME WASHINGTON, LISA
STREET ADDRESS 424 S.W. 11TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

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 D ☐ Change ☒ Addition
1.2 NAME Harcourt Clark
1.3 STREET ADDRESS 807 NE 144th Street, Unit 108
1.4 CITY-ST-ZIP Miami FL 33179

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Mercedes Hunter
2.3 STREET ADDRESS 1400 NW 3rd Avenue
2.4 CITY-ST-ZIP Florida City FL 33034

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Mirrian Smith
3.3 STREET ADDRESS 14600 SW 320th Street
3.4 CITY-ST-ZIP Homestead FL 33030

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Vanessa Mixon
4.3 STREET ADDRESS 12315 SW 157th Street Apt D III
4.4 CITY-ST-ZIP Miami FL 33186

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 (305)

CR2E037 (5/99)