FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008698 (0)

1. Corporate Name
TITLE CITY OF DADE, INC.

Principal Place of Business
100 N.E. 84TH ST.
2ND FLOOR
MIAMI FL 33138

Mailing Address
100 N.E. 84TH ST.
2ND FLOOR
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 65-0464081 — 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
8. The corporation has assets of $100,000 or less and is eligible for reduced fees under s. 607.0122, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROUTMAN, LLOYD M
100 N.E. 84TH ST.
2ND FLOOR
MIAMI FL 33138

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 607.0505 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE — Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROUTMAN, LLOYD M	12 NAME	
STREET ADDRESS	100 N.E. 84TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33138	14 CITY ST ZIP	
02 TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROZALES, SANFORD A	22 NAME	
STREET ADDRESS	100 N.E. 84TH ST.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33138	24 CITY ST ZIP	
03 TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NAPOLEON, ELIMA	32 NAME	
STREET ADDRESS	375 N.E. 54TH ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33137	34 CITY ST ZIP	
04 TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JACOB, ADELINE	42 NAME	
STREET ADDRESS	3816 S. LAKE TERRACE	43 STREET ADDRESS	
CITY ST ZIP	MIRAMAR FL 33023	44 CITY ST ZIP	
05 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare under penalty of perjury that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above with an office held or title I am authorized to sign with an asterisk.

SIGNATURE X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANFORD A. ROZALES

4/26/95 — Date
305 754-4000 — Daytime Phone

0145103 CP