


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704894 (5)
 1. Corporation Name
OPTIMIST CLUB OF SOUTH DADE, PERRINE, FLORIDA, INC.



Principal Place of Business P. O. BOX 970367 MIAMI FL 33157	Mailing Address P. O. BOX 970367 MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1962	3a. Date of Last Report 09/09/1996
4. FEI Number 59-6168855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WILBLEY, DEBORAH
12350 S.W. 190 ST.
MIAMI FL 33177

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRINCE, WIMBLEY	
STREET ADDRESS	12350 S.W. 190 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WAYNE	
STREET ADDRESS	17841 S.W. 109 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FLANAGAN, ESTER	
STREET ADDRESS	16202 S.W. 98 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCRAY, HERBERT	
STREET ADDRESS	17800 SW 108TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WIMBLEY, DEBORAH	
STREET ADDRESS	12350 S.W. 190 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Estee Flanagan</i>
3.3 STREET ADDRESS	<i>16202 S.W. 98 Ave</i>
3.4 CITY-ST-ZIP	<i>Miami Fla. 33157</i>
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 checked="" type="checkbox"/> Addition
6.2 NAME	<i>VP Eugen Simpson</i>
6.3 STREET ADDRESS	<i>20131 S.W. 112 Place</i>
6.4 CITY-ST-ZIP	<i>Miami Fla. 33189</i>

14. I do 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 REQUIRED _____

CR2E037 (4/97)