

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 707075 (8)

1. Corporation Name
MIAMI OBEDIENCE CLUB INC



Principal Place of Business TROPICAL PARK 7800 BIRD RD. MIAMI FL 33172 US	Mailing Address 12320 SW 102 COURT MIAMI FL 33176
---	---

3. Date Incorporated or Qualified 03/30/1964	
4. FEI Number 23-7125622	Applied For <input type="checkbox"/> Yes <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 18352 NW 68 Ave		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 10-B		
City & State 23	City & State 28 Miami, Florida		
Zip 24	Country 25	Zip 29 33015	Country 30

9. Name and Address of Current Registered Agent

~~HANNA, TRACY
12320 SW 102 COURT
MIAMI FL 33176~~

10. Name and Address of New Registered Agent

81 Name Sylvia M. Arango	
82 Street Address (P.O. Box Number is Not Acceptable) 18352 NW 68 Ave. # 10-B	
83	
84 City Miami	85 Zip Code FL 33015

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 *Sylvia M. Arango - President* **Sylvia M. Arango** DATE **2/8/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	DELETE <input type="checkbox"/>	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANNA, TRACY		1.2 NAME Hanna, Tracy	
STREET ADDRESS 12320 SW 102 COURT		1.3 STREET ADDRESS 12320 SW 102 Ct.	
CITY-ST-ZIP MIAMI FL 33176		1.4 CITY-ST-ZIP Miami, FL 33176	
TITLE VP	DELETE <input type="checkbox"/>	2.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIPPERT, ANN		2.2 NAME Shepherd, Jamie	
STREET ADDRESS 5840 SW 91 ST		2.3 STREET ADDRESS 8805 SW 154 Terrace	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, Florida 33157	
TITLE SD	DELETE <input type="checkbox"/>	3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENFIELD, LINDA		3.2 NAME Greenfield, Linda	
STREET ADDRESS 9155 SW 124 ST		3.3 STREET ADDRESS 9155 SW 124 St	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33176	
TITLE T	DELETE <input checked="" type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHICVARA, CATHERINE		4.2 NAME	
STREET ADDRESS 8371 SW 35 TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155		4.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEIN, CAROL ANN		5.2 NAME	
STREET ADDRESS 534 NE 94TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES FL 33138		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Arango, Sylvia M.	
STREET ADDRESS		6.3 STREET ADDRESS 18352 NW 68 Ave, #10-B	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Miami, FL 33015	

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: *Sylvia M. Arango - President* **Sylvia M. Arango** DATE **2/8/98** (305) 833-9038

CR2E037 (10/97)