SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Jul 09 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # 728899 (6)THE MIAMI WOMAN'S CLUB Principal Place of Business Malling Address 1737 NORTH BAYSHORE DRIVE 3. Date Incorporated or Qualified 1737 NORTH BAYSHORE DRIVE MIAMI FL 33132 MIAMI FL 33132 01/21/1974 FEI Number Applied For 59-0360320 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 27 22 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? ΠNο 23 28 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FUNK. ERNESTINE 82 Street Address (P.O. Box Number is Not Acceptable) 520 NE 114 ST 83 MIAMI FL 33161 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD 1.1 TITLE TITLE **DELETE** Change Addition CUBILLAS, EILEEN GOLDBERG JANIE NAME 1.2 NAME 155 NW 123 ST 14510 N. Miami Ave. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL FSEC Miami F1 33168 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE **DELETE** GRIFFITH FRANCES **GOLDBERG, JOYCE** 2.2 NAME NAME 9955 E BAY HARBOR DR APT 4B 2.3 STREET ADDRESS STREET ADDRESS 1135 103 St. Apt D3 BAY HARBOR FL 2.4 CITY-ST-ZIP Bay Harbor Islands, Fl 33154-1226 CITY-ST-ZIP TITLE 3.1 TITLE Change Addition ☐ DELETE V D 3.2 NAME NAME BABCOCK, MADELEINE REED CAROL 3.3 STREET ADDRESS STREET ADORESS 301 NE 93 STREET 4100 N W 6 St. mi**am**i shores fl CITY-ST-ZIP 3.4 CITY-ST-ZIP Miami Fl 33126 4.1 TITLE TITLE DELETE. **GOLDBERG. JANIE** 4.2 NAME NAME 14510 N MIAMI AVE 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME BARNES, BETTY 5.2 NAME 880 NE 69 ST APT 80 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE Change Addition TD DELETE

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS 520 NE 114 ST

FUNK, ERNESTINE

NAME

CITY-ST-ZIP

Exceptione R. Funk
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 301998 (305)893 1951
Date Dayline Phone #