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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758102 (8)
1. Corporation Name
DANTE ALIGHIERI SOCIETY OF MIAMI, INC.
REINSTATEMENT 96-97

Principal Place of Business Mailing Address
401 69 Street 7-P
Miami Beach, FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1981	7a. Date of Last Report 12/02/99
4. FEI Number 59-2455448	Applied? Not Appl.
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.05 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LUIS TANGARI
401 69 Street, 7-P
Miami Beach, FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2800002233072 -07/08/97--01078--002
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Luis Tangari, President *Luis Tangari* 11, 3, 94.
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO LIST	
TITLE P	NAME Luis Tangari	1.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	401 69 Street 7-P
		1.4 CITY - ST - ZIP	Miami Beach, FL 33141
TITLE V	NAME Romulo Dieguez	2.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	401 69 Street, 7-P
		2.4 CITY - ST - ZIP	Miami Beach, FL 33141
TITLE I	NAME Mercedes Borges	3.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	401 69 Street 7-P
		3.4 CITY - ST - ZIP	Miami Beach, FL 33141
TITLE O	NAME Robert Roeth	4.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	401 69 Street 7-P
		4.4 CITY - ST - ZIP	Miami Beach, FL 33141
TITLE O	NAME Clarice MacGarvey	5.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	401 69 Street 7-P
		5.4 CITY - ST - ZIP	Miami Beach, FL 33141
TITLE D	NAME Maria Tangari	6.1 TITLE	<input type="checkbox"/> Change
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	401 69 Street 7-P
		6.4 CITY - ST - ZIP	Miami Beach, FL 33141

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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: *Luis Tangari* 6/12/97