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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17946

1. Corporation Name

ROTARY CLUB OF MIAMI, INC.

Principal Place of Business

334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134
US

Mailing Address

334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 269 Giralda Avenue	26 same	11/25/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 Suite 302	27 same	4. FEI Number
City & State	City & State	59-0428463
23 Coral Gables, FL	28 same	Applied For
Zip	Zip	Not Applicable
24 33134	29 same	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25 USA	30 same	Trust Fund Contribution

9. Name and Address of Current Registered Agent

ULLOM, MARCELYN
334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name	Marcelyn Ullom
82 Street Address (P.O. Box Number is Not Acceptable)	269 Giralda Avenue
83 Suite	Suite 302
84 City	Coral Gables
85 Zip Code	FL 33134

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGERTER, ROGER	1.2 NAME	
STREET ADDRESS	4820 N.W. CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, EUGENE J	2.2 NAME	
STREET ADDRESS	3912 DURANGO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	SE <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY, ROBERT J III	3.2 NAME	
STREET ADDRESS	1080 LUGOCA AVENUE	3.3 STREET ADDRESS	1080 Lugo Avenue
CITY-ST-ZIP	CORAL GABLES FL 33156	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, JAMES R	4.2 NAME	
STREET ADDRESS	14500 S.W. 84 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ DE QUEVEDO, CARLOS	5.2 NAME	
STREET ADDRESS	1421 CORDOVA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLOM, MARCELYN	6.2 NAME	
STREET ADDRESS	334 MINORCA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Marcelyn Ullom

4/29/99

305/373-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0027603