

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003934 (7)

1. Corporation Name
MIAMI-MANAGUA LIONS CLUB, INC.



Principal Place of Business Mailing Address
932 W FLAGLER ST MIAMI FL 33130

3. Date Incorporated or Qualified **08/30/1993** 3a. Date of Last Report **06/14/1995**

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

4. FEI Number **65-0432716** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CASSER, KARINA
932 W FLAGLER ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **KARINA CASSAR**
82 Street Address (P.O. Box Number is Not Acceptable) **5520 W. FLAGLER ST #C**
83
84 City **MIAMI, FL** 85 Zip Code **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]* DATE **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CASSAR, KARINA	
STREET ADDRESS	5520 W FLAGLER STREET, STE C	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MONTIEL, GUILLERMO	
STREET ADDRESS	1095 W 77 STREET #302	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ORDONEZ, MEL	
STREET ADDRESS	1700 NW 175TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT / DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROGER ALEMAN	
13 STREET ADDRESS	835 NW 17 COURT	
14 CITY-ST-ZIP	MIAMI, FL. 33125	
21 TITLE	SECRETARY / Director DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARIA QUINLAN	
23 STREET ADDRESS	8461 SW 21 STREET	
24 CITY-ST-ZIP	MIAMI, FL. 33155	
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MEL ORDONEZ	
33 STREET ADDRESS	1700 NW 175 STREET	
34 CITY-ST-ZIP	MIAMI, FL. 33161	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 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, changed, or on an attachment, with an address.

SIGNATURE *[Signature]* DATE **5/1/96** (30x) 267-6797

CR2E037 (12/95)