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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003934 (7)

1. Corporation Name

MIAMI-MANAGUA LIONS CLUB, INC.



Principal Place of Business

Mailing Address

832 W FLAGLER ST
MIAMI FL 33130

832 W FLAGLER ST
MIAMI FL 33130-1140

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0432716

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSER, KARINA
5520 W. FLAGLER ST #C
MIAMI FL 33134

81 Name
SAME AS (9)

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL 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

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 DP DELETE
NAME ALEMAN, ROGER
STREET ADDRESS 835 NW 17 COURT
CITY-ST-ZIP MIAMI FL 33125

1.1 TITLE DP Change Addition
1.2 NAME GUILLERMO MONTIEL
1.3 STREET ADDRESS 1095 W. 77th St. Apt. 302
1.4 CITY-ST-ZIP Hialeah, Fl. 33014

TITLE DS DELETE
NAME QUINTANILLA, MARIA
STREET ADDRESS 8461 SW 21 STREET
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE DS Change Addition
2.2 NAME KARINA CASSAR
2.3 STREET ADDRESS 5520 W. Flagler St. Suit C
2.4 CITY-ST-ZIP Miami Fl. 33134

TITLE DT DELETE
NAME ORDONEZ, MEL
STREET ADDRESS 1700 NW 175TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE DT Change Addition
3.2 NAME ORDONEZ MEL
3.3 STREET ADDRESS 1700 N.W. 175th St.
3.4 CITY-ST-ZIP Miami, Fl. 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/1997

Date

Daytime Phone # 0026841

CR2E037 (9/96)