


FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

98 OCT 16 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003934
 1. Corporation Name
Miami-Managua Lions Club, Inc.

Principal Place of Business Mailing Address
1900 N.W. 135 Street
Miami, FL 33167-1463

3. Date Incorporated or Qualified
08/30/93

4. FEI Number **65-0432716** Applied For Not Applicable

21. Principal Place of Business 1900 N.W. 135 Street	2a. Mailing Address 1900 N.W. 135 Street
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Miami, FL	28. City & State Miami, FL
24. Zip 33167-1463 25. Country USA	29. Zip 33167-1463 30. Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Karina Cassar
5520 W. Flagler St. #C
Miami, FL 33134

10. Name and Address of New Registered Agent
 81 Name **Paola Alegria**
 82 Street Address (P.O. Box Number is Not Acceptable) **1515 NE 110 Street**
 83
 84 City **Miami** FL 85 **33161**

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 **Paola Alegria, Secretary** DATE **10/15/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	Aleman, Roger	
STREET ADDRESS	835 NW 17 Court	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	Quintanilla, Maria	
STREET ADDRESS	8461 SW 21 Street	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Ordonez, Mel	
STREET ADDRESS	1700 NW 175 Street	
CITY-ST-ZIP	Miami, FL 331	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	Guillermo Montiel	
STREET ADDRESS	1095 W 77 St. Apt. 302	
CITY-ST-ZIP	Hialeah, FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Cassar, Karina	
STREET ADDRESS	5520 W. Flagler St. Ste. C	
CITY-ST-ZIP	Miami, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eduardo A. Hislop, Jr.	
1.3 STREET ADDRESS	1900 NW 135 Street	
1.4 CITY-ST-ZIP	Miami, FL 33167	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alegria, Paola	
2.3 STREET ADDRESS	1515 NE 110 Street	
2.4 CITY-ST-ZIP	Miami, FL 33161	
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ordonez, Mel	
3.3 STREET ADDRESS	1700 NW 175 Street	
3.4 CITY-ST-ZIP	Miami, FL 331	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Octavio Tellez	
4.3 STREET ADDRESS	1123 SW 88 Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33174	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cassar, Karina	
5.3 STREET ADDRESS	516 NW 57 Avenue, #201	
5.4 CITY-ST-ZIP	Miami, FL 33126	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: **Paola Alegria** DATE **10/15/98** (305) 375-4088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Pa 10/16