

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004769 (4)**

1. Corporation Name
RUSSIAN AMERICAN CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business: 8540 S.W. 133RD AVE. RD. #213 MIAMI FL 33183
Mailing Address: 8540 S.W. 133RD AVE. RD. #213 MIAMI FL 33183

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report: 10/02/95

2. Principal Place of Business: 21 8540 SW 133 Ave Rd
22 # 213
23 Miami, FL
24 33183
25 U.S.A.
2a. Mailing Address: 26 8540 SW 133 Ave Rd
27 # 213
28 Miami, FL
29 33183
30 U.S.A.

4. FEI Number: 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: KOTIK, SOFIYA, 8540 S.W. 133RD AVE. RD, #213, MIAMI FL 33183
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFIYA KOTIK	1.2 NAME	
STREET ADDRESS	8540 SW 133 Ave Rd #213	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	1.4 CITY-ST-ZIP	
TITLE	RECORDING SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCY JASON KURAU	2.2 NAME	
STREET ADDRESS	2141 SW 23 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	2.4 CITY-ST-ZIP	
TITLE	TREASURER/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WINFREY	3.2 NAME	
STREET ADDRESS	1201 NE 191 ST, # 6 117	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	3.4 CITY-ST-ZIP	
TITLE	OFFICER/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONID RASKIN	4.2 NAME	
STREET ADDRESS	19432 NE 26 AVE, # 92	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	4.4 CITY-ST-ZIP	
TITLE	OFFICER/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAN WINFREY	5.2 NAME	
STREET ADDRESS	1201 NE 191 ST, # 6 117	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000001847310
STREET ADDRESS		6.3 STREET ADDRESS	-06/03/96--01023--029
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 if changed, or on an attachment with an address.

SIGNATURE: Sofiya Kotik April 21 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SOFIYA KOTIK
Date: April 21 1996
Daytime Phone #: 05 511196

CR2E037 (12/95)