

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 704569 (3)

1. Corporation Name
MIAMI LITHUANIAN AMERICAN CITIZENS, INC.



Principal Place of Business: 3655 N W 34TH ST MIAMI FL 33142
Mailing Address: 3655 N W 34TH ST MIAMI FL 33142

3. Date Incorporated or Qualified: 09/25/1962
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1038003
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
**PAUTIENIS, BIRUTE
1770 SE 21ST. AVE.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRUZDAS, JUOZAS	1.1 TITLE	D JOHN AUSHRA
NAME	201-180 DRIVE APT 310	1.2 NAME	220 COLLINS AVE. APT. 9A
STREET ADDRESS	N MIAMI BCH FL	1.3 STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD PAUTIENUS, BIRUTE	2.1 TITLE	
NAME	1770 SE 21ST AVE.	2.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33062	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P STONGVILA, IRENA	3.1 TITLE	
NAME	730 DAVIS RD	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S JUODIKIENE, ONA	4.1 TITLE	
NAME	1050 93 ST APT 6-A	4.2 NAME	
STREET ADDRESS	BAY HARBOR ISLAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MOCKUS, ANTANAS	5.1 TITLE	
NAME	9861 SW 60 ST	5.2 NAME	
STREET ADDRESS	SURFSIDE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D RADVILAS, STEFA	6.1 TITLE	
NAME	8826 ABBOTT	6.2 NAME	
STREET ADDRESS	SURFSIDE FL 33154	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Birute Pautienis* 1/20/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)