

**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

10. Name and Address of New Registered Agent

KOTIK, SOFIYA  
8540 S.W. 133RD AVE. RD, #213  
MIAMI FL 33183

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

Signature, typed or printed name of registered agent and the title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President/D  
NAME: SOFIYA KOTIK  
STREET ADDRESS: 8540 SW 133 Ave Rd #213  
CITY-ST-ZIP: MIAMI, FL 33183  
TITLE: Recording Secretary  
NAME: RUCY JASON KURAU  
STREET ADDRESS: 2141 SW 23 AVE  
CITY-ST-ZIP: FORT LAUDERDALE, FL 33312  
TITLE: Treasurer/D  
NAME: PAUL WINFREY  
STREET ADDRESS: 1201 NE 191 St, # 6 117  
CITY-ST-ZIP: North Miami Beach, FL 33179  
TITLE: Officer/D  
NAME: LEONID RASKIN  
STREET ADDRESS: 19432 NE 26 AVE, # 92  
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33180  
TITLE: Officer/D  
NAME: FRAN WINFREY  
STREET ADDRESS: 1201 NE 191 St, # 6 117  
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21 1996

Date: Daytime Phone #

CS 511/196

CR2E037 (12/95)