

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**

2a. Mailing Address

26 **8540 SW 133 Ave Rd**

4. FEI Number

Applied For
 Not Applicable

Suite, Apt. #, etc.

22 **# 213**

Suite, Apt. #, etc.

27 **# 213**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33183**

Country

25 **U.S.A.**

Zip

29 **33183**

Country

30 **U.S.A.**

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

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	<input type="checkbox"/> DELETE
NAME	SOFIYA KOTIK	
STREET ADDRESS	8540 SW 133 Ave Rd #213	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> DELETE
NAME	RUCY JASON KURAU	
STREET ADDRESS	2141 SW 23 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	TREASURER/D	<input type="checkbox"/> DELETE
NAME	PAUL WINFREY	
STREET ADDRESS	1201 NE 191 ST, # 6 117	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	OFFICER/D	<input type="checkbox"/> DELETE
NAME	LEONID RASKIN	
STREET ADDRESS	19432 NE 26 AVE, # 92	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE	OFFICER/D	<input type="checkbox"/> DELETE
NAME	FRAN WINFREY	
STREET ADDRESS	1201 NE 191 ST, # 6 117	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)