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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 704569 (3)

1. Corporation Name

MIAMI LITHUANIAN AMERICAN CITIZENS, INC.



Principal Place of Business: 9655 N W 34TH ST MIAMI FL 33142
Mailing Address: 3655 N W 34TH ST MIAMI FL 33142-4911

3. Date Incorporated or Qualified: 09/25/1962
3a. Date of Last Report: 01/29/1996
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

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

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: BERMADETA PAULAITIS
82 Street Address (P.O. Box Number is Not Acceptable): 1511 N E 160 ST.
83
84 City: N. Miami Bch., FL 85 Zip Code: 33162

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 617.0508, Florida Statutes.

SIGNATURE: *B. Paulaitis* DATE: April 28, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUSHRA, JOHN	
STREET ADDRESS	220 COLLINS AVE. APT. 9A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PAUTIENIS, BIRUTE	
STREET ADDRESS	1770 SE 21ST AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STONGVILA, IRENA	
STREET ADDRESS	730 DAVIS RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JUODIKIENE, ONA	
STREET ADDRESS	1050 93 ST APT 6-A	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOCKUS, ANTANAS	
STREET ADDRESS	9861 SW 60 ST	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADVILAS, STEFA	
STREET ADDRESS	8826 ABBOTT	
CITY-ST-ZIP	SURFSIDE FL 33154	

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	TP
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VALENTA JOKSAS
2.3 STREET ADDRESS	380 N.W. 190 ST.
2.4 CITY-ST-ZIP	MIAMI, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P BERMADETA PAULAITIS
3.3 STREET ADDRESS	1511 N E 160 ST.
3.4 CITY-ST-ZIP	N. MIAMI Bch., FL. 33162
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	D. LINDA TAYLOR
6.3 STREET ADDRESS	2700 N. 3 1/4 AV.
6.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021

14. I do 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: *B. Paulaitis* DATE: April 28, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CP2E037 (9/96)