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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/25/1962		
4. FEI Number 59-1038003	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**PAULAITIS, BERNADETA
1511 NE 160 ST
N MIAMI BCH FL 33162**

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

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 _____ DATE _____
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 type="checkbox"/> DELETE
NAME	JOKSAS, VALERITA	
STREET ADDRESS	580 NW 90 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAULAITIS, P BERNADETA	
STREET ADDRESS	1511 NE 160 ST	
CITY-ST-ZIP	N MIAMI BCH 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 type="checkbox"/> DELETE
NAME	TAYLOR, D LINDA	
STREET ADDRESS	2700 N 34 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	

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	KAPATIS, KUNRGUNDA
4.3 STREET ADDRESS	88 50 gailand
4.4 CITY-ST-ZIP	surfside, Fl.
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	sekaicius
6.3 STREET ADDRESS	eliza b etha
6.4 CITY-ST-ZIP	coral gables, Fl

14. I 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 BERNADETA PAULAITIS MARCH 16 98**

CP2E037 (10/97)