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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704569

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



2. Principal Place of Business

21 NONE

2a. Mailing Address

26 1511 NE 160 ST.

3. Date Incorporated or Qualified
 09/25/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-1038003

Applied For
 Not Applicable

23 City & State

27 City & State

28 MIAMI BCH FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

30 33162 DADE

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

SAME

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME AUSHRA, JOHN
 STREET ADDRESS 220 COLLINS AVE. APT. 9A
 CITY-ST-ZIP MIAMI BEACH FL

TITLE TD DELETE
 NAME JOKSAS, VALERITA
 STREET ADDRESS 580 NW 90 ST
 CITY-ST-ZIP MIAMI FL

TITLE P DELETE
 NAME PAULAITIS, P BERNADETA
 STREET ADDRESS 1511 NE 160 ST
 CITY-ST-ZIP N MIAMI BCH FL

TITLE S DELETE
 NAME JUODIKIENE, ONA
 STREET ADDRESS 1050 93 ST APT 6-A
 CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE D DELETE
 NAME MOCKUS, ANTANAS
 STREET ADDRESS 9861 SW 60 ST
 CITY-ST-ZIP SURFSIDE FL

TITLE D DELETE
 NAME SEKAVICIUS, ELIZABETHA
 STREET ADDRESS 2700 N 34 AVE
 CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME S PAULAITIS, GEDIMINAS
 1.3 STREET ADDRESS 278 IMPERIAL LANE
 1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

2.1 TITLE D Change Addition
 2.2 NAME SIMKUS, ALGIS
 2.3 STREET ADDRESS 9157 CARLYLE AVE
 2.4 CITY-ST-ZIP SURFSIDE, FL 33154

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALERIE JOKSAS
 Valerie Joksas 2/27/99 305 756-1189
 Daytime Phone #

CR2E037 (11/98)