

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 27 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 # 701712 (2)

1. Corporation Name
THE POLISH AMERICAN CLUB OF MIAMI INC.



Principal Place of Business 1250 NW 22ND AVE MIAMI FL 33125	Mailing Address 1250 NW 22ND AVE MIAMI FL 33125
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3. Date Incorporated or Qualified
01/01/1941

4. FEI Number
59-0670493

Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BARONE, NATHANIEL L JR.
250 BIRD RD.
SUITE 302
CORAL GABLES FL 33146-1424**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILGOSZ, PEARL	1.2 NAME	Mr. Robert Mezyk
STREET ADDRESS	1400 S OCEAN DR	1.3 STREET ADDRESS	297 Pocatella St.
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Miami Springs, FL. 33166-5008
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLMAN, ROBERT	2.2 NAME	Mrs. Rose Kruszewski
STREET ADDRESS	1821 NE 146ST	2.3 STREET ADDRESS	7500 S. W. 128 St.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPEK, JANE	3.2 NAME	Mr. Edward Grocki
STREET ADDRESS	2830 N.W. 4TH TERR.	3.3 STREET ADDRESS	609 Euclid Ave. #9
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESKE, VICTORIA	4.2 NAME	Mrs. Carole Dambski
STREET ADDRESS	8101 S.W. 57TH AVE.	4.3 STREET ADDRESS	7737 N. Kendall Dr., #C-102
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33156
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASOTA, ELLEN N	5.2 NAME	Mrs. Elizabeth Augustyniak
STREET ADDRESS	9724 SW 126 TERRACE	5.3 STREET ADDRESS	5230 S.W. 99 Avenue
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL. 33165
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Rose Kruszewski* 4/16/98 305 238-4511

CF2E037 (10/97)