

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 # 704569 (3)

1. Corporation Name

MIAMI LITHUANIAN AMERICAN CITIZENS, INC.



Principal Place of Business

Mailing Address

**3655 N W 34TH ST
MIAMI FL 33142**

**3655 N W 34TH ST
MIAMI FL 33142**

3. Date Incorporated or Qualified

09/25/1962

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUTIENIS, BIRUTE
1770 SE 21ST. AVE.
POMPANO BEACH FL 33062**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUZDAS, JUOZAS	
STREET ADDRESS	201-180 DRIVE APT 310	
CITY - ST - ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAUTIENUS, BIRUTE	
STREET ADDRESS	1770 SE 21ST AVE.	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input 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, ANTONAS	
STREET ADDRESS	9861 SW 60 ST	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input 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	JOHN AUSHRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	220 COLLINS AVE. APT. 9A	
1.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
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		

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:

Birute Pautienis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/1996

Daytime Phone #

CR2E037 (12/95)