

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 709804

(9)

95 MAY -1 AM 8:55

1. Corporation Name

**GERMAN-AMERICAN SOCIAL CLUB OF GREATER MIAMI, IN
C.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**11919 S.W. 56TH ST.
MIAMI FL 33165** **11919 S.W. 56TH ST.
MIAMI FL 33165**

3. Date Incorporated or Qualified **10/22/1965** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-6134720** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**JOKS, DET H.
10689 N. KENDALL DRIVE
SUITE 221
MIAMI FL FL 33176**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the filer) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
**PD CROTHERS, HANNELORE
8530 NW 11 STREET
HOMESTEAD FL**
**VD LAKS, HELGA L
8061 SW 108 ST
MIAMI FL**
**S AJHAR, LORE A.
4225 S.W. 98TH COURT
MIAMI FL**
**T ROSALES, NANCY D
17160 SW 94 AVE 602
MIAMI FL**
**2VD BELAND, IRMGARD
8130 S.W. 205 ST
MIAMI, FL 33189**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **9570 Caribbean BLVD**
14 CITY ST ZIP **Miami, FL 33157**
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 in an attachment with an address.

SIGNATURE: **Lore A. Ajhar, Secretary** 04/29/95 305-226-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date