SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 711940 (7)

1. Corporation Name

CORAL GABLES-SOUTH MIAMI KHOURY LEAGUE, INC.

Principal Place of Business	Mailing Address
6100 SW 67TH AVE SOUTH MIAMI FL 33143 US	5927 S.W. 70TH STREET P. O. BOX 430891 SOUTH MIAMI FL 33243-0891 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1966	3a. Date of Last Report: 04/15/1996
4. FEI Number: 23-7126774	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HESTER, GEORGE T JR. 3401 TOLEDO ST. CORAL GABLES FL 33134	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 G T Hester Jr. Treasurer 9/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUNTA, MARY		1.2 NAME		
STREET ADDRESS	5870 SW 31 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GUSTAFSON, MARY PAT		2.2 NAME		
STREET ADDRESS	2100 SW 83RD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WIEGREFE, JIM		3.2 NAME	Marco Leyte-Vidal	
STREET ADDRESS	6810 SW 50TH TERRACE		3.3 STREET ADDRESS	11695 SW 89 AVE.	
CITY-ST-ZIP	SOUTH MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl 33155	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HESTER, GEORGE		4.2 NAME		
STREET ADDRESS	3401 TOLEDO ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	MARTY, DOUG		5.2 NAME	CHRISTOPHER J. MACNAIR	
STREET ADDRESS	5850 S.W. 100TH ST.		5.3 STREET ADDRESS	7237 SW 53 AVE	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 G T Hester Jr. SIGNATURE REQUIRED 9/10/97