

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

non-PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 713622
1. Corporation Name
The Optimist Club of Miramar, Inc.

Principal Place of Business Mailing Address same
6040 SW 23 Street
Miramar, FL 33023

2. Principal Place of Business 2a. Mailing Address
21 6040 SW 23 St. 26 same
22 State Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
Miramar, FL same
24 Zip 25 Country 29 Zip 30 Country
33023 Broward same same

3. Date Incorporated or Qualified 3a. Date of Last Report
11-14-67 2-8-96
4. FEI Number Applied For
59-6207991 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Angel Arroyo
19122 NW 12 Ct.
Pembroke Pines, FL 33029

10. Name and Address of New Registered Agent
81 Name Janine Jerrel
82 Street Address (P.O. Box Number is Not Acceptable) 2041 SW 67 Ave.
83
84 City Miramar FL 85 Zip Code 33023

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: Janine Jerrel Janine Jerrel 4-30-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director <input type="checkbox"/> DELETE
NAME	demi montanez
STREET ADDRESS	7667 Tropicana
CITY-ST-ZIP	Miramar, FL 33023
TITLE	President <input type="checkbox"/> DELETE
NAME	Angel Arroyo
STREET ADDRESS	19122 NW 12 Ct.
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	Director <input type="checkbox"/> DELETE
NAME	dorge Alonso
STREET ADDRESS	7729 Grandview Blvd
CITY-ST-ZIP	Miramar, FL 33023
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Ron Beasley
STREET ADDRESS	4330 Jamaica Dr.
CITY-ST-ZIP	Miramar, FL 33023
TITLE	Director <input type="checkbox"/> DELETE
NAME	mark Jerrel
STREET ADDRESS	2041 SW 67 Ave
CITY-ST-ZIP	Miramar, FL 33023
TITLE	secretary <input type="checkbox"/> DELETE
NAME	Janine Jerrel
STREET ADDRESS	2041 SW 67 Ave
CITY-ST-ZIP	Miramar, FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	Fast President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Juan Vera
3.3 STREET ADDRESS	5240 NW 196 Ter.
3.4 CITY-ST-ZIP	Miami, FL 33055
4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tammy Vera
4.3 STREET ADDRESS	5240 NW 196 Ter.
4.4 CITY-ST-ZIP	Miami, FL 33055
5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

RW 5-14-97

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janine Jerrel Janine Jerrel 4/30/97 463-6271 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)