

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

FILED
May 31, 1996 08:00 AM
Secretary of State

DOCUMENT # 714299 (5)
1. Corporation Name
SOUTH DADE AMATEUR ORCHID CLUB, INC.



Principal Place of Business Mailing Address
**P.O. BOX 557172
LUDLUM STATION
MIAMI FL 33255-7172
US** **P.O. BOX 557172
LUDLUM STATION
MIAMI FL 33255-7172
US**

3. Date Incorporated or Qualified **03/25/1968** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-2343759** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEDUC, ALBERT L., JR.
10321 SW 107 ST.
MIAMI 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 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	VD	<input type="checkbox"/> DELETE
NAME	CHERVINSKI, NOREEN	
STREET ADDRESS	22455 SW 182 AVE	
CITY - ST - ZIP	GOULDS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOURNE, DEBBIED	
STREET ADDRESS	7980 SW 157 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, ROSE	
STREET ADDRESS	10350 SW 103RD CT	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULFORD, RICHARD	
STREET ADDRESS	8900 SW 107 AVE., #312	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANDUCA, ALBERT	
STREET ADDRESS	1435 URBINO AVE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIMARZO, KEN	
STREET ADDRESS	1540 NE 12 ST	
CITY - ST - ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT BENAIM	
2.3 STREET ADDRESS	8001 SW 64 Street	
2.4 CITY - ST - ZIP	Miami Fla. 33143	
3.1 TITLE	Thelma Deal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	9704 SW 125 Ave	
3.3 STREET ADDRESS	Miami, Fla. 33176	
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	2nd Vice 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		<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: Soreen Chervinski 05/26/96 305258-7906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)