


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 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714299 (5)
 1. Corporation Name
SOUTH DADE AMATEUR ORCHID CLUB, INC.



Principal Place of Business P.O. BOX 557172 LUDLUM STATION MIAMI FL 33255-7172 US	Mailing Address P.O. BOX 557172 LUDLUM STATION MIAMI FL 33255-7172 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1968	3a. Date of Last Report 05/31/1996
4. FEI Number 59-2343759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHERVINSKI, NOREEN	
STREET ADDRESS	22455 SW 182 AVE	
CITY-ST-ZIP	GOULDS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERT BRNAIM	
STREET ADDRESS	8001 SW 64 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THELMA DEAL	
STREET ADDRESS	9704 SW 125 TERR	
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	VP	<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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORSON, LYNN	
1.3 STREET ADDRESS	17375 SW 299 ST.	
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GODFREY, BILL	
3.3 STREET ADDRESS	6767 SW 112 ST.	
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANDOW, LEONARD	
4.3 STREET ADDRESS	8260 SW 151 ST	
4.4 CITY-ST-ZIP	MIAMI, FL 33158	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KELLY, JOYCE	
5.3 STREET ADDRESS	12310 SW 35 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33175	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PARKER, ROBERT	
6.3 STREET ADDRESS	12206 SW 132 CT.	
6.4 CITY-ST-ZIP	MIAMI, FL 33186	

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 19.07(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 by an attachment with an address.

SIGNATURE _____ DATE **9/11/97**

CR2E037 (4/97)