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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716083** (1)

1. Corporation Name

ZONTA CLUB OF GREATER MIAMI, INC.



Principal Place of Business	Mailing Address
C/O PELL, DERINDA S. 1200 COTORRO AVENUE CORAL GABLES FL 33146 US	C/O PELL, DERINDA S. 1200 COTORRO AVENUE CORAL GABLES FL 33146-3227 US

3. Date Incorporated or Qualified 02/19/1969	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6166201	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Country	25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, RITA M
2775 OKEECHOBEE ROAD, #104
HIALEAH FL 33010

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	DAVIS, ERNESTINE	1.2 NAME	ROSA NACARATO
STREET ADDRESS	11704 SW 97TH ST	1.3 STREET ADDRESS	2301 N.E 188ST #1217
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33160
TITLE	S	2.1 TITLE	VP
NAME	BEVDRIE, BARBARA	2.2 NAME	WILHEMENA BLACK
STREET ADDRESS	1490 S E BAYSHORE DRIVE, #502	2.3 STREET ADDRESS	7201 W 2nd CT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	T	3.1 TITLE	DIRECTOR
NAME	PELL, DERINDA S	3.2 NAME	SANDRA CONKLIN
STREET ADDRESS	1200 COTORRO AVENUE	3.3 STREET ADDRESS	3621 LODGAT DRIVE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D	4.1 TITLE	
NAME	ADAIR, VERA	4.2 NAME	
STREET ADDRESS	3002 E. 10TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	300002127593
TITLE	D	5.1 TITLE	-03/28/97--01120--021
NAME	NOBLE, NANCY	5.2 NAME	***61.25
STREET ADDRESS	4015 S.W. 16 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	5.4 CITY-ST-ZIP	300002127593
TITLE	DANIELS	6.1 TITLE	-03/28/97--01120--021
NAME	DANIELS, RITA	6.2 NAME	***165.88
STREET ADDRESS	2775 OKEECHOBEE RD., #104	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

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: *[Signature]* **3/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0030481

CR2E037 (9/96)