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CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719701 (5)

1. Corporation Name

SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE ORGANIZATION, INCORPORATED

Principal Place of Business	Mailing Address
13325 ARCH CREEK RD N. MIAMI FL 33161 US	1225 NE 124TH ST. N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1970
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-6507340 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

RUZICKA, EMILIE
1225 NE 124TH ST., APT. 20
NO MIAMI FL 33161

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 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 _____
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		☐ Change ☑ Addition
NAME	RUZICKA, EMILIE M.	1.2 NAME		
STREET ADDRESS	1225 NE 124TH ST APT 20	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP		33161
TITLE	S	2.1 TITLE		☐ Change ☑ Addition
NAME	ZRALY, BLANCHE	2.2 NAME		
STREET ADDRESS	532 BRIARWOOD	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		33024
TITLE	D	3.1 TITLE		☐ Change ☑ Addition
NAME	STURDIK, LILLIAN B	3.2 NAME		
STREET ADDRESS	2036 SHARON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		33486
TITLE	D	4.1 TITLE		☐ Change ☑ Addition
NAME	KASAL, JOSEPH	4.2 NAME		
STREET ADDRESS	11 NE 204TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	NO. MIAMI BEACH	33179
TITLE	T	5.1 TITLE		☐ Change ☑ Addition
NAME	URBAN, MILDRED	5.2 NAME		
STREET ADDRESS	1350 N.E. 191 ST., #307B	5.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI BEACH FL	5.4 CITY-ST-ZIP		33179
TITLE	VD	6.1 TITLE		☐ Change ☑ Addition
NAME	KASAL, JOSEPH	6.2 NAME		
STREET ADDRESS	11 N.E. 204TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	NO. MIAMI BEACH	33179

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)(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: Emilie M Ruzicka 1-30-95 305-895-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045884