

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 730854 (7)

1. Corporation Name

**THE GERMAN SHEPHERD DOG CLUB OF GREATER MIAMI, I
NC.**

Principal Place of Business

Mailing Address

**6001 S.W. 108TH ST.
MIAMI FL 33156-4966**

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MIAMI FL 33156-4966**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1974

3a. Date of Last Report

06/30/1994

4. FEI Number

59-1635085

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LEVENSON, ROBERT K
6001 SW 108 ST
MIAMI FL 33156**

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

TITLE	P
NAME	NOYA, INEZ
STREET ADDRESS	6414 SW 114 PL
CITY- ST- ZIP	MIAMI FL
TITLE	VP
NAME	MIER, JOSE
STREET ADDRESS	5021 SW 196 LANE
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	S
NAME	CORNELIUS, SHARON
STREET ADDRESS	11850 SW 46ST
CITY- ST- ZIP	MIAMI FL
TITLE	T
NAME	LEVENSON, BARBARA
STREET ADDRESS	6001 SW 1080 ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	LEVENSON, ROBERT
STREET ADDRESS	6001 SW 108 ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	KAISER, HERBERT D
STREET ADDRESS	741 SALDANO ST
CITY- ST- ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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:

Barbara D. Levenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95
Date

305-547-7749
Telephone Number