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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730854 (7)

1. Corporation Name
THE GERMAN SHEPHERD DOG CLUB OF GREATER MIAMI, INC.

Principal Place of Business 6001 S.W. 108TH ST. MIAMI FL 33156-4966	Mailing Address 6001 S.W. 108TH ST. MIAMI FL 33156-4966
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2. Principal Place of Business 21 14120 S.W. 24 Street Suite, Apt. #, etc. 22 Davie, FL 33325 City & State 23 Zip 24 33325 Country 25 U.S.A.	2a. Mailing Address 26 14120 S.W. 24 Street Suite, Apt. #, etc. 27 Davie, FL 33325 City & State 28 Zip 29 33325 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent
**LEVENSON, ROBERT K
6001 SW 108 ST
MIAMI FL 33156**

3. Date Incorporated or Qualified
10/03/1974

4. FEI Number
59-1635085

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Sharon Cornelius**

82 Street Address (P.O. Box Number is Not Acceptable)
14120 S.W. 24 Street

83

84 City **Davie** FL 85 Zip Code **33325**

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 Sharon Cornelius DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NOYA, INEZ	
STREET ADDRESS	6414 SW 114 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MIER, JOSE	
STREET ADDRESS	5021 SW 198 LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CORNELIUS, SHARON	
STREET ADDRESS	11850 SW 46ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEVENSON, BARBARA	
STREET ADDRESS	6001 SW 1080 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVENSON, ROBERT	
STREET ADDRESS	6001 SW 108 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jose A. Perez-Gurri	
1.3 STREET ADDRESS	8875 S.W. 118 Street	
1.4 CITY-ST-ZIP		
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Manny Campo	
2.3 STREET ADDRESS	10750 S.W. 119 Street	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon Cornelius	
3.3 STREET ADDRESS	14120 S.W. 24 Street	
3.4 CITY-ST-ZIP	Davie, FL 33325	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sharon Cornelius	
4.3 STREET ADDRESS	14120 S.W. 24 Street	
4.4 CITY-ST-ZIP	Davie, FL 33325	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Karan Isalgue	
5.3 STREET ADDRESS	10501 S.W. 99 Ave.	
5.4 CITY-ST-ZIP	Miami FL 33176	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kathy Perez-Gurri	
6.3 STREET ADDRESS	8875 S.W. 110 Street	
6.4 CITY-ST-ZIP	Miami, FL 33176	

14. I 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: Sharon Cornelius 2-25-98 (950) 476-7061

CR2E037 (10/97)