

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736045 (6)

1. Corporation Name
MIAMI DADELAND ROTARY FOUNDATION, INC.



Principal Place of Business: C/O J. KYLE JOHNS, 11820 S.W. 91 TERR., MIAMI FL 33186
Mailing Address: C/O J. KYLE JOHNS, 11820 S.W. 91 TERR., MIAMI FL 33186

3. Date Incorporated or Qualified: 06/09/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 9400 S. DADELAND BLVD, Suite # 110, MIAMI, FL 33156
2a. Mailing Address: 26 9400 S. DADELAND BLVD., Suite # 110, MIAMI, FL 33156
23. City & State: MIAMI, FL
24. Zip: 33156, 25. Country: USA

4. FEI Number: 59-1710788
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BROWN, RICHARD M, 9350 S DIXIE HIGHWAY, SUITE 950, MIAMI FL 33156
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: D | REGO, MORRIS 13225 S.W. 69 TERRACE MIAMI FL 33183 | 1.1 TITLE: DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | JOHNS, LOUIS G 11820 S.W. 91 TERRACE MIAMI FL 33186 | 2.1 TITLE: PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | LIEBERMAN, RON 9350 S DIXIE HWY, PH MIAMI FL 33186 | 3.1 TITLE: 300001852393 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD | BORONSKI, WILLIAM 781 N.W. 12 AVENUE DANIA FL 33004 | 4.1 TITLE: DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | SAUNDERS, SANDY JR. 10100 SW 63RD PLACE MIAMI, FL 00000 | 5.1 TITLE: TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: TD | JOHNS JACQUELYN 11820 S.W. 91 TERRACE MIAMI FL 33186 | 6.1 TITLE: SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Jacquelyn Johns (Signature) 4/18/96 (305) 670-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jacquelyn Johns
Daytime Phone #

CR2E037 (12/95)