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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736045 (6)
1. Corporation Name
MIAMI DADELAND ROTARY FOUNDATION, INC.



Principal Place of Business 9400 S. DADELAND BLVD. #110 MIAMI FL 33156	Mailing Address 9400 S. DADELAND BLVD. #110 MIAMI FL 33156-2811
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3. Date Incorporated or Qualified 06/09/1976	3a. Date of Last Report 06/05/1996
4. FEI Number 59-1710788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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 (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	REGO, MORRIS
STREET ADDRESS	13225 S.W. 69 TERRACE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	P <input type="checkbox"/> DELETE
NAME	JOHNS, LOUIS G
STREET ADDRESS	9350 S. DIXIE HWY. #950
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> DELETE
NAME	LIEBERMAN, RON
STREET ADDRESS	9350 S DIXIE HWY, PH
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE
NAME	BORONSKI, WILLIAM
STREET ADDRESS	761 N.W. 12 AVENUE
CITY-ST-ZIP	DANIA FL 33004
TITLE	T <input type="checkbox"/> DELETE
NAME	FERNANDERZ, JORGE
STREET ADDRESS	10876 SW 151 PL.
CITY-ST-ZIP	MIAMI FL 33196
TITLE	S <input type="checkbox"/> DELETE
NAME	SPARPER, KATHY
STREET ADDRESS	9816 SW 193 ST.
CITY-ST-ZIP	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	10625 SW 100 Street
3.3 STREET ADDRESS	MIAMI FL 33176
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Borowski, William
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fernandez, Jorge
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sparger, Kathy
6.3 STREET ADDRESS	
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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/96)