

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
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3. Date Incorporated or Qualified 06/09/1976
4. FEI Number 59-1710788
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 9520 SW 118 CT.	2a. Mailing Address 26 9520 SW 118 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33186	Country 25 DADE
29 33186	30 DADE

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, RICHARD M 9350 S DIXIE HIGHWAY, SUITE 950 MIAMI FL 33156	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9485 SUNSET DRIVE A195
83	
84 City	MIAMI FL
85 Zip Code	33173

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9485 SUNSET DRIVE A195
83	
84 City	MIAMI FL
85 Zip Code	33173

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGO, MORRIS	1.2 NAME	
STREET ADDRESS	13225 S.W. 89 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, LOUIS G	2.2 NAME	9485 SUNSET DR. A195
STREET ADDRESS	9350 S. DIXIE HWY. #950	2.3 STREET ADDRESS	MIAMI, FL 33173
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, RON	3.2 NAME	
STREET ADDRESS	10625 SW 100 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROWSKI, WILLIAM	4.2 NAME	
STREET ADDRESS	761 N.W. 12 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	V-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE	5.2 NAME	
STREET ADDRESS	10876 SW 151 PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGER, KATHY	6.2 NAME	
STREET ADDRESS	9616 SW 193 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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: Kathy Spanger 4-28-98 (305) 271-7886

CR2E037 (10/97)