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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740604 (4)

1. Corporation Name

MIAMI MINERAL AND GEM SOCIETY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 558172  
MIAMI FL 33155-8172  
USP.O. BOX 558172  
MIAMI FL 33255-8172  
US3. Date Incorporated or Qualified  
10/24/19773a. Date of Last Report  
03/28/19964. FEI Number  
65-0399849Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONAGLE, WILLIAM T  
11220 SW 60 COURT  
MIAMI FL 33156 33156-5604

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 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 P ☐ DELETE  
NAME MONAGLE, WILLIAM T.  
STREET ADDRESS 11220 SW 60 COURT  
CITY-ST-ZIP MIAMI FL 33156-56041.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME LATONIA, GILLIS  
STREET ADDRESS 12380 SW 219 ST  
CITY-ST-ZIP MIAMI FL 33170-28502.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME PRINCE, BURTON  
STREET ADDRESS 5845 S.W. 49TH STREET  
CITY-ST-ZIP MIAMI FL 33155-63033.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MOORE, MADELINE  
STREET ADDRESS 13725A SW 84TH ST  
CITY-ST-ZIP MIAMI FL 331834.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME COOK, HAROLD  
STREET ADDRESS 2620 S.W. 15 ST.  
CITY-ST-ZIP MIAMI FL 33184-22375.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME EIKENBERRY, JAMES  
STREET ADDRESS 3180 W. 10TH AVE.  
CITY-ST-ZIP HIALEAH FL 33012-50166.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone # 0034032

CP2E037 (9/96)