FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15

DOCUMENT # **750967** **(2)**

1. Corporation Name

THE EGYPTOLOGY AND ASIAN CIVILIZATIONS SOCIETY O OF MIAMI, INC.

Principal Place of Business	Mailing Address
3280 S MIAMI AVE MIAMI FL 33129	3280 S MIAMI AVE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1980
3a. Date of Last Report: 10/24/1994
4. FEI Number: 65-0091962 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JONES, DAVID
1624 TIGERTAIL AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of (print name of) Registered Agent and title if applicable — NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☒ Change ☐ Addition
NAME	LANG, JOHN	12 NAME	MARTA NOA	
STREET ADDRESS	35 SW 18 RD	13 STREET ADDRESS	13621 SW 74 PL ST	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33183	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DEPINA, JAMAL	22 NAME		
STREET ADDRESS	30 SW 10 ST., #R	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	PLOTKIN, EDYTH L.	32 NAME	JOHN LANG	
STREET ADDRESS	115 E SAN MARINO DR	33 STREET ADDRESS	35 SW 18RD	
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP	MIAMI, FL	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	JONES, DAVID C.	42 NAME		
STREET ADDRESS	1624 TIGERTAIL AVE	43 STREET ADDRESS		
CITY ST ZIP	COCONUT GROVE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Oanyl C Jones 6/26/95 (305) 553-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008780