

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 750967 (2)

1. Corporation Name

THE EGYPTOLOGY AND ASIAN CIVILIZATIONS SOCIETY
OF MIAMI, INC.

Principal Place of Business

3280 S MIAMI AVE
MIAMI FL 33129

Mailing Address

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
02/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 H.S. DuVAL, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH SHORE DRIVE, #11
83
84 City MIAMI BEACH, FL 85 Zip Code 33141

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

H.S. DuVal, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

07 SEPT 97

12. OFFICERS AND DIRECTORS

TITLE TD ☒ DELETE
NAME NOA, MARTA
STREET ADDRESS 13821 NW 74TH STREET
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE
NAME DEPINA, JAMAL
STREET ADDRESS 30 SW 10 ST., #R
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE
NAME LANG, JOHN
STREET ADDRESS 35 SW 18 ROAD
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ DELETE
NAME JONES, DAVID C.
STREET ADDRESS 1624 TIGERTAIL AVE
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME MOURAD RAMOUL
2.3 STREET ADDRESS 1195 NORMANDY DRIVE #7
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME SHAWN FRIEDEL
3.3 STREET ADDRESS 1421 EUCLID AVE # 2
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

4.1 TITLE P/D/T ☒ Change ☐ Addition
4.2 NAME H.S. DuVAL, JR.
4.3 STREET ADDRESS 200 SOUTH SHORE DRIVE #11
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 OF MOURAD

07 SEPT 97 (305) 8651246

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