


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753859 (8)**  
1. Corporation Name  
**MIAMI SPRINGS-HIALEAH CIVITAN, INTERNATIONAL, IN C**



Principal Place of Business  
**630 NIGHTINGALE AVE  
MIAMI SPRINGS FL 33166  
US**

Mailing Address  
**630 NIGHTINGALE AVE  
MIAMI SPRINGS FL 33166-3945  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/25/1980</b>		3a. Date of Last Report <b>04/19/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-6198593</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WILBUR, WILLIAM S 630 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL B5 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAGGETT, MILDRED		1.2 NAME	Joseph Iannaci			
STREET ADDRESS	14301 CYPRESS COURT		1.3 STREET ADDRESS	990 Westward Dr.			
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL, 33166			
TITLE	PT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Barbara Billing			
NAME	CUNNINGHAM, ELEANOR		2.2 NAME	1251 Falcon Ave,			
STREET ADDRESS	1100 N ROYAL PIONCIANNA BLVD		2.3 STREET ADDRESS	MIAMI SPRINGS, FL, 33166			
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	BAGGETT, Mildred	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILBUR, WILLIAMS		3.2 NAME	14301 Cypress Ct.			
STREET ADDRESS	630 NIGHTINGALE AVE		3.3 STREET ADDRESS	MIAMI LAKES, FL 33166			
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	IANNACI, JOAN		4.2 NAME	Same			
STREET ADDRESS	990 WESTWARD DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPGS. FL		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAZZA, SYLVIA		5.2 NAME	Same			
STREET ADDRESS	760 FALCON AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROUTZAHN, CAROLYN		6.2 NAME	THOMAS MORRIS			
STREET ADDRESS	850 FALCON AVE		6.3 STREET ADDRESS	338 Payne Dr			
CITY-ST-ZIP	MIAMI SPRINGS FL		6.4 CITY-ST-ZIP	MIAMI SPRINGS, FL, 33166			

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: Sylvia Mazza RESUBMITTED MAZZA 4/22/97 6057885-2059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032048

CR2E037 (9/96)