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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13616** (0)

1. Corporation Name

ROTARY CLUB OF MIAMI KENDALL, INC.



Principal Place of Business	Mailing Address
% JOE STEPHEN 12812 SW 122 AVE. MIAMI FL 33186	% JOE STEPHEN 12812 SW 122 AVE. MIAMI FL 33186-6203

3. Date Incorporated or Qualified 02/27/1986	3a. Date of Last Report 08/20/1996
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2. Principal Place of Business	2a. Mailing Address
21 8181 NW 36 St. Suite, Apt. #, etc. 22 27 B City & State 23 Miami, FL Zip 24 33166	26 8181 NW 36 St. Suite, Apt. #, etc. 27 # 27 B City & State 28 Miami, FL Zip 29 33166

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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
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	
STEPHEN, JOE 12812 SW 122 AVE. MIAMI FL 33186	

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 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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JUNCO-IVERN, MARTA
STREET ADDRESS	1220 AGUILA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	NORTON, JAMES D
STREET ADDRESS	210 CAMERON CT
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	APPLESTEIN, JUDITH
STREET ADDRESS	14037 SW 84 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Prashar chadhari
1.3 STREET ADDRESS	7841 SW 136 AVE
1.4 CITY-ST-ZIP	Miami, FL 33183
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beck, Harlan
2.3 STREET ADDRESS	8181 NW 36 St, # 27 B
2.4 CITY-ST-ZIP	MIAMI, FL 33166
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AP
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **PRASHAR CHAUDHARI** (136A) (305) 386-2207

CR2E037 (9/96)