FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14395 (0)

1. Corporation Name

ROTARY CLUB OF MIAMI LAKES, INC.

Principal Place of Business	Mailing Address
~~C/O SCHERMAN AND ZELONKER, P.A.~~ 15505 BULL RUN ROAD, #266 MIAMI LAKES FL 33014	~~C/O SCHERMAN AND ZELONKER, P.A.~~ 15505 BULL RUN ROAD, #266 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1986
3a. Date of Last Report: 04/19/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHERMAN, PAUL I.
1840 WEST 49TH STREET
STE.510
HIALEAH FL 33012

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	RAYMOND RILEY III	1.2 NAME	REES-DIA.
STREET ADDRESS	8551 N.W. 172 ST.	1.3 STREET ADDRESS	ROBERT SPANO 8330 MENTEITH TERR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	NORWARD E. C. DEAN	2.2 NAME	
STREET ADDRESS	2470 N.W. 108 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH H. WILLIAMS	3.2 NAME	
STREET ADDRESS	2119 NORTH 32 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☒ Addition
NAME	KELLY, ROBERT H.	4.2 NAME	VP ROBERT SNYDER
STREET ADDRESS	15127 MONTROSE ROAD	4.3 STREET ADDRESS	7340 SW 10TH TERR
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	PAUL F. LEADER	5.2 NAME	
STREET ADDRESS	8832 N.W. 194 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Paul Leader PAUL LEADER TRES. 1/13/95 305-558-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037700