

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16395 (8)**

1. Corporation Name
MIAMI DADELAND ROTARY CLUB, INC.



Principal Place of Business: ~~11820 S.W. 91 TERRACE MIAMI FL 33186~~
Mailing Address: ~~11820 S.W. 91 TERRACE MIAMI FL 33186~~

3. Date Incorporated or Qualified: **08/18/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0224217**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **C/O J. HYLE JOHNS**
21. **9400 S. DADELAND BLVD.**
22. Suite, Apt. #, etc.: **#110**
23. City & State: **MIAMI, FL**
24. Zip: **33156**
Country: **USA**

9. Name and Address of Current Registered Agent
BROWN, RICHARD
9350 S DIXIE HIGHWAY, SUITE 950
MIAMI FL 33156

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 resigning) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	REGO, MORRIS	1.2 NAME	
STREET ADDRESS	13225 S.W. 69 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33183	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	PRESIDENT
NAME	JOHNS, LOUIS G	2.2 NAME	
STREET ADDRESS	11820 S.W. 91 TERRACE	2.3 STREET ADDRESS	9350 S. DIXIE HWY. # 950
CITY - ST - ZIP	MIAMI FL 33186	2.4 CITY - ST - ZIP	MIAMI, FL 33156
TITLE	SD	3.1 TITLE	DIRECTOR
NAME	BOROWSKI, WILLIAM	3.2 NAME	
STREET ADDRESS	761 N.W. 12 AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DANIA FL 33004	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	SECRETARY
NAME	JOHNS, JACQUELYN	4.2 NAME	KATHY SPARGER
STREET ADDRESS	11820 S.W. 91 TERRACE	4.3 STREET ADDRESS	9816 S.W. 193 ST
CITY - ST - ZIP	MIAMI FL 33186	4.4 CITY - ST - ZIP	MIAMI, FL 33196
TITLE	D	5.1 TITLE	
NAME	LIEBERMAN, RON	5.2 NAME	
STREET ADDRESS	9350 S. DIXIE HWY. PH	5.3 STREET ADDRESS	900001852399
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	-06/05/96--01093--047
TITLE	D	6.1 TITLE	TREASURER
NAME	HORWITZ, ILAJEAN	6.2 NAME	JORGE FERNANDEZ
STREET ADDRESS	12101 SW 110 AVENUE	6.3 STREET ADDRESS	10876 S.W. 151 PLACE
CITY - ST - ZIP	MIAMI FL 33176	6.4 CITY - ST - ZIP	MIAMI, FL 33157

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)(k), 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: _____ (DATE) **4/18/96** (305) 670-4408

CR2E037 (12/95)