


FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 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 # N16395 (8)

1. Corporation Name
MIAMI DADELAND ROTARY CLUB, INC.



Principal Place of Business C/O KYLE JOHNS 9400 S. DADELAND BLVD. #110 MIAMI FL 33156	Mailing Address C/O KYLE JOHNS 9400 S. DADELAND BLVD. #110 MIAMI FL 33156-2811
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3. Date Incorporated or Qualified 08/18/1986	3a. Date of Last Report 06/05/1996
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc	26. Suite, Apt #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number 65-0224217	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

**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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, LOUIS G	2.2 NAME	
STREET ADDRESS	9350 S. DIXIE HWY. #950	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARGER, KATHY	4.2 NAME	
STREET ADDRESS	9816 SW 193 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, RON	5.2 NAME	
STREET ADDRESS	9350 S. DIXIE HWY. PH	5.3 STREET ADDRESS	10625 SW 100 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE	6.2 NAME	
STREET ADDRESS	10876 SW 151 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	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 REQUIRED** _____ **08 April 1997** **305-670-9777**

Date Daytime Phone # 0027659

CR2E037 (9/96)