

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N16395 (8)**  
1. Corporation Name  
**MIAMI DADELAND ROTARY CLUB, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O KYLE JOHNS<br/>9400 S. DADELAND BLVD. #110<br/>MIAMI FL 33156</b> | Mailing Address<br><b>C/O KYLE JOHNS<br/>9400 S. DADELAND BLVD. #110<br/>MIAMI FL 33156</b> |
|---|---|

3. Date Incorporated or Qualified  
**08/18/1986**

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>65-0224217</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

|   |  |                         |                            |
|---|--|-------------------------|----------------------------|
| 21. Principal Place of Business<br><b>9520 SW 118 CT.</b> | 2a. Mailing Address<br><b>9520 SW 118 CT</b> |                         |                            |
| 22. Suite, Apt. #, etc.                                   | 27. Suite, Apt. #, etc.                      |                         |                            |
| 23. City & State<br><b>MIAMI, FL</b>                      | 26. City & State<br><b>MIAMI, FL</b>         |                         |                            |
| 24. Zip<br><b>33186</b>                                   | 25. Country<br><b>DADE</b>                   | 29. Zip<br><b>33186</b> | 30. Country<br><b>DADE</b> |

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BROWN, RICHARD  
8350 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) | <b>9485 Sunset Drive - A195</b> |
| 83  |                                 |
| 84 City   | <b>MIAMI</b>                    |
| 85 State  | <b>FL</b>                       |
| 86 Zip Code   | <b>33173</b>                    |

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           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>REGO, MORRIS</b>            |                                 |
| STREET ADDRESS  | <b>13225 S.W. 89 TERRACE</b>   |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33183</b>          |                                 |
| TITLE           | <b>P</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>JOHNS, LOUIS G</b>          |                                 |
| STREET ADDRESS  | <b>9350 S. DIXIE HWY. #950</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33156</b>          |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>BOROWSKI, WILLIAM</b>       |                                 |
| STREET ADDRESS  | <b>781 N.W. 12 AVENUE</b>      |                                 |
| CITY - ST - ZIP | <b>DANIA FL 33004</b>          |                                 |
| TITLE           | <b>S</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>SPARGER, KATHY</b>          |                                 |
| STREET ADDRESS  | <b>9816 SW 193 STREET</b>      |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33198</b>          |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>LIEBERMAN, RON</b>          |                                 |
| STREET ADDRESS  | <b>10625 SW 100 ST</b>         |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>                |                                 |
| TITLE           | <b>T</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>FERNANDEZ, JORGE</b>        |                                 |
| STREET ADDRESS  | <b>10676 SW 151 PLACE</b>      |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33157</b>          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 2.2 NAME            | <b>9485 SUNSET DRIVE A 195</b>  |
| 2.3 STREET ADDRESS  | <b>MIAMI, FL 33173</b>  |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <b>TREASURER</b> <input checked="" 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           | <b>V - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I 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]* **4-28-98 (305) 271-7886**

CR2E037 (10/97)