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

APPROVED AND FILED
95 MAR -1 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28586 (8)

1. Corporation Name
THE ITALIAN AMERICAN SOCIAL CLUB OF MIAMI, INC.

Principal Place of Business	Mailing Address
10425 S.W. 139TH COURT MIAMI FL 33186	10425 S.W. 139TH COURT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1988
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0087169 ☐ 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

MARTONE, ALEXANDER L.
8603 S. DIXIE HIGHWAY
SUITE 302
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Huguette De Pani
82 Street Address (P.O. Box Number is Not Acceptable): 10425 S.W. 139 Court
83
84 City: Miami FL 85 Zip Code: 33186

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: Huguette De Pani — Huguette De Pani — 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DE PANI, GIOVANNI	1.2 NAME	
STREET ADDRESS	10435 SW 139TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	VYNIARD, LOUISE	2.2 NAME	
STREET ADDRESS	7620 SW 100 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMNICANDRO, MARGUERITA	3.2 NAME	
STREET ADDRESS	9280 SW 123 COURT, 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	DE PANI, HUGUETTE	4.2 NAME	
STREET ADDRESS	10425 SW 139 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	CRUMBLEY, LENNY	5.2 NAME	Mary Stern
STREET ADDRESS	7620 SW 100 AVENUE	5.3 STREET ADDRESS	8453 S.W. 137 Avenue
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami Fl. 33183
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	GILI, PIETRO	6.2 NAME	Lee Jackson
STREET ADDRESS	5801 S.W. 35TH ST.	6.3 STREET ADDRESS	4955 Westwood Lake Dr.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami Fl. 33165

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: Huguette De Pani — 2/14/95 — (305) 233-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Huguette De Pani

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