

SECOND

ATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

ON
PORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL 11 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANT # N31371

(0)

WOMEN'S CLUB OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

13605 S DIXIE HWY #136
SUITE 388
MIAMI FL 33176

13605 S DIXIE HWY #136
SUITE 388
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1989

3a. Date of Last Report

07/06/1994

4. FEI Number

65-0186086

Applied For

Not Applicable

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

☐ FILING FEE IS
\$61.25

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HSIAO, CAROL
15480 SW 148TH ST.
MIAMI FL 33196

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 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

Signature, typed or printed name of registered agent and fee 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
NAME HSIAO, CAROL
STREET ADDRESS 15480 SW 148TH ST.
CITY - ST - ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME CHANG, LUCIA
STREET ADDRESS 9811 SW 96TH ST.
CITY - ST - ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME HERSHOFF, NANCY S
STREET ADDRESS 19440 SE 18TH PL
CITY - ST - ZIP N. MIAMI BCH. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME SU, LEA-CHIN
STREET ADDRESS 4885 SW 140TH ST.
CITY - ST - ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME LU, LILY
STREET ADDRESS 5131 SW 140TH PL
CITY - ST - ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE Y
NAME LIN, MAGGY
STREET ADDRESS 7281 SW 58TH ST.
CITY - ST - ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

100001536161
-07/12/95--01077--026
***130.00 ***130.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type in three)

06-15-95

(305) 858-1997

CR2E037 (3/95)