FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(0)

FILED Jan 27 1997 8:00am Secretary of State

CHINESE WOMEN'S CLUB OF GREATER MIAMI, INC. Principal Place of Business Mailing Address . 13605 S DIXIE HWY #136										
SUITE 388 MIAMI FL 33176		SLITE 388 MIAMI FL 33176-7252			3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1989 05/20/1996					
Principal Place of Business 2a. Mailing Address				·····		03/24/1989 4. FEI Number	<u> </u>	Applied For		
1/36/5 5 Dixie Hwy 26 136/5 5 Dix			LE HWY			65-0186086		h	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27 STE# //4 -3				5. Certificate of Status Desired	X	\$8.75	\$8.75 Additional Fee Required	
City & State	AMI FL	City & State	FL	-		Election Campaign Financing Trust Fund Contribution) May Be I to Fees	
Zip	76-72525 USA		ountry	USA		8. This corporation has liability for			s. 199.032,	
4 231	76-7以文25 USA 9. Name and Address of Currer	29 33/76-725 ¥30		737	<u> </u>	Florida Statutes L 10. Name and Address of New Re	Yes 2			
	o, Italije and Address of Currer	ir moğialdığu Ağelit	81	Name		IV. Hallie and Address of Heat No	Aimelad	-Agit	····	
DOLUCE	/ MAV		82							
ROMKEY, MAY 10330 SW 58 COURT				Street /	et Address (P.Q. Box Number is Not Acceptable)					
MIAMI FL 33156			83					,		
IMPANI I	2 30 130		-					10-1-7		
			84	City			FL	85 Zip	Code	
agent. I a SIGNATURE	registered agent, or both, in the state tim familiar with, and accept the oblig. Signature, typed or printed name of registered and	ations of, Section 617.0503, Florida S	Statute	S.		ration submits this statement for the pois board of directors. I hereby accept when reinstating)	DATE	ointment a	s registered	
12.			3.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	P/D	DELETE 1.	1 TITLE					☐ Change	Addition	
NAME	ROMKEY, MAY	1.	2 NAME							
STREET ADDRESS	10330 SW 58 CT.	1.	3 STREET	F ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156		4 City-S	ST-ZIP						
TITLE	A		1 TITLE					L Change	Additio	
NAME .	HWANG, MARIA		2 NAME		ĺ					
STREET ADDRESS	5120 CARILLO ST.			I ADDRESS	ļ					
CITY-ST-ZIP DITLE	CORAL GABLES FL 33140 VP		4 CITY- 1 TITLE	S1-ZIP				Change	Additio	
NAME	HERSHOFF, NANCY S		2 NAME					Olimingo.	Land Properties	
STREET ADDRESS	19440 SE 18TH PL	L i		T ADDRESS	1					
CITY - ST - ZIP	N. MIAMI BCH. FL		4. CITY-		ĺ					
TITLE	VPD		1 TITLE	<u> </u>				☐ Change	Addition	
NAME	SU, WEA-CHIN		2 NAME		1			•		
STREET ADDRESS	4885 SW 140TH ST.	1 4	.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33175	_ _4	4 CITY - S	ST - ZIP						
TITLE	S	☐ DELĒTĒ 5.	1 TITLE					Change	Additio	
NAME	LU, LILY	5	2 NAME		1					
STREET ADDRESS	5131 SW 140TH PL	5	3 STREE	T ADDRESS	1					
CHTY - ST - ZIP	MIAMI FL		4 CITY-5	ST - ZIP	L					
TITLE	D	DELETE 6.	1 TITLE					☐ Change	☐ Additio	
NAME	LIN, MAGGY	6	2 NAME							
STREET ADDRESS	7281 SW 56TH ST.	6	3 STAEE	T ADDRESS						
CITY - ST - ZIP	MIAMI FL 33155	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 AND TYPED OR PRINTED NAME OF