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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33423

(7)

1. Corporation Name

THE NOTRE DAME CLUB OF MIAMI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:30



Principal Place of Business

Mailing Address

P.O. BOX 144636
CORAL GABLES FL 33114-4636

P.O. BOX 144636
CORAL GABLES FL 33114-4636

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALCIDES AVILDA, ESQ
C/O HOLLAND & KNIGHT
701 BRICKELL AVE.
MIAMI FL 33131

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
BLANCK, ROBERT W
STREET ADDRESS
5730 SW 74 ST.
CITY-ST-ZIP
MIAMI FL

☒ DELETE

TITLE

PD
NAME
BLANCK, JAN
STREET ADDRESS
7701 SW 51 AVE.
CITY-ST-ZIP
MIAMI FL

☐ DELETE

TITLE

DT
NAME
AVILA, ALCIDES, I.
STREET ADDRESS
701 BRICKELL AVE.
CITY-ST-ZIP
MIAMI FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

Blanck, Jan
7701 S.W. 51 Ave.
Miami, FL

☐ Change ☐ Addition

P ☐ Change ☒ Addition

Hutchins, Christopher M.
2601 S. Bayshore Drive
Miami, FL 33133

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Daytime Phone #

5/8/96 (305) 374-8600

CR2E037 (12/95)