## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

N35503

MIAMI SOCIETY, GROUP 3036 POLISH NATIONAL ALLIAN Principal Place of Business Mailing Address 1250 NW 22ND AVE 9141 FROUDE AVE 3. Date Incorporated or Qualified MIAMI FL 33125 MIAMI BEACH FL 33154 12/05/1989 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 9124 Collins Ave 21 Fee Required Suite Apt # etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing APT 202 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? MIAMI BEACH 23 28 Yes No Country Country Zip 333154 8. This corporation owes or has paid the current year Intangible DADE 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EUGENIA BRZESK: BRZESKI, EUGENIA Street Address (P.O. Box Number is Not Acceptable 9124 Collins Aus 9141 FROUDE AVE вз %MIAMI SOCIETY GR. 3036 P.N.A. % MIAMI SOCIETY GV. 3034 RNA MIAMI BEACH FL 33154 City MIAMI BEACH 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. (NOTE Registered Agent signature required when reinstating) FURENIA BEZESK)

Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change TITLE 1.1 TITLE NAME SIMS, IRENE 12 NAME STREET ADDRESS 16465 N.E. 22 AVE APT, #601 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BREZESKI, EUGENIA NAME 2.2 NAME 9141 FROUDE AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33154 CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE NAME MALINOWSKI, JOSEPH 3.2 NAME 1012 NE 118 AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 6.1 TIFLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Eugenia

02-28-98 (305) 864-1838

FILED

Mar 02 1998 8:00am

Secretary of State