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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35721 (2)

1. Corporation Name
MIAMI BEACH JAYCEES OF FLORIDA, INC.



Principal Place of Business Mailing Address
622 S.W. 1ST STREET MIAMI FL 33130-8204
622 S.W. 1ST STREET MIAMI FL 33130-1204

3. Date Incorporated or Qualified 12/18/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0236960 Applied For Not Applicable
21 3611 Collins Avenue 26 Suite, Apt. #, etc. P.O. Box
22 Suite 214 27 City & State Miami Beach, FL 28 Zip 33140 Country DADE 29 Country DADE 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROSSER, DAVID
720 NORTH SHORE DRIVE
MIAMI BEACH FL 33141
10. Name and Address of New Registered Agent
81 Name MELCHIOR BALTAZAR
82 Street Address (P.O. Box Number is Not Acceptable) 3611 COLLINS AVENUE #214
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 *Melchior Baltazar* MELCHIOR BALTAZAR, PRESIDENT/DIRECTOR 3/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, MARTIN	1.2 NAME	MELCHIOR BALTAZAR
STREET ADDRESS	622 SOUTHWEST FIRST STREET	1.3 STREET ADDRESS	3611 Collins Ave, #214
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNET, MARC	2.2 NAME	VICTOR VARELA
STREET ADDRESS	15561 SOUTHWEST 48 STREET	2.3 STREET ADDRESS	900 16 Street, #203
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSER, DAVID	3.2 NAME	SADENA BLATT
STREET ADDRESS	720 NORTH SHORE DRIVE	3.3 STREET ADDRESS	1717 Northview Drive
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROSE JIMENEZ
STREET ADDRESS		4.3 STREET ADDRESS	1408 S.E. Bayshore Dr., #514
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ross* ROSSER, DAVID MARCH 21 1997 (305) 858-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028802

CR2E037 (9/96)