

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36089 (3)

1. Corporation Name

MIAMI KILLIAN SENIOR HIGH SCHOOL JROTC PARENTS'
ASSOCIATION INC.

Principal Place of Business

% HERBERT SIEGEL
10655 SW 97 AVE
MIAMI FL 33176

Mailing Address

% HERBERT SIEGEL
10655 SW 97 AVE
MIAMI FL 33176



3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number
65-0158113

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

SIEGEL, HERBERT
10655 SW 97 AVE
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

(Not to be signed by Registered Agent; signature is for use when name is typed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LIEHN, NORMAN J	
STREET ADDRESS	13305 SW 108TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	WILLIAMS, ERNESTO	
STREET ADDRESS	8024 SW 94TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	ANTON, JOHN	
STREET ADDRESS	10433 SW 120TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	LEVINSON, EDWARD	
STREET ADDRESS	10475 SW 78TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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

3/28/96

305.247-4244
EXT 242

CR2E037 (12/95)