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 N36089

(3)

MIAMI KILLIAN SENIOR HIGH SCHOOL JRUTC PARENTS' ASSOCIATION INC.													
Principal Plac	ce of Business	Mailing Ad	Mailing Address * HERBERT SIEGEL 10655 SW 97 AVE					! IN PIARO NAME TITLO BATEL BERNE ANTINC (A	IIT OPDAK BEDAK				
% HERBERT S 10655 SW 97	AVE	10655 SW 9											
MIAMI FL 3317	' 6		MIAMI FL 33	3176-2808				Ī	3. Date Incorporated or Qualified 01/01/1990		e of Last R 4/02/198		
	Place of Business	- F	2a. Mailing Address					4. FEI Number Applied For 65-0158113 Not Applied					
21 Suite. Apt	#, etc.		Suite, Apt. #, etc.					Certificate of Status Desired	Not Applicable \$8.75 Additional				
22		27							<u></u>	Fee Re	· <u>·</u>		
City & Sta 23	iie	28) City & 3	City & State				Ī	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added			
Z _{ip}	P Country		Zip	Zip Count			intry		8. This corporation has liability for in	ntangible t	ax under s		
24	25		29		30	τ				Yes 🗵			
	9. Name and	Address of Curre	ent Registered A	gent		81			10. Name and Address of New Re	glatered A	gent		
A A.						B1	Name						
	, Herbert Sw 97 ave		82 Street A			Addres	dress (P.O. Box Number is Not Acceptable)						
MIAMI FL 33176													
						84	City			FL	85 Zip	Code	
11. Pursuant	t to the provisions	of Sections 617.05	502 and 617.1508	Florida Statu	es, the a	LI	-named	corpor	ation submits this statement for the p		changing it	s registered	
office or agent 1.	registered agent	or both, in the Sta nd account the obli	te of florida. Such	Change was	authorize orida Stal	d by	the corp	oration	ation submits this statement for the p 's board of directors. I hereby accep	t the appo	intment as	registered	
SIGNATURE		1101	10.9.0	, 5 ()	onda ola	latoc	•		16	- Ma	197	7	
	Signal de Special or p	ad Nine of regions a	agent and spelicabl	e. (NO)		d Age	ent signature	required	when reinstating)	DATE	~		
12.	T 00	OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 Ti	T1 E		DD.	ADDITIONS/CHANGES TO OFFIC			IS IN 12	
NAME	DP LIEHN, NORI	MAN I		□ bere it	1.2 N			DP	KOLOW, MARK		X hange	L. Addition	
STREET ADDRESS							ADDRESS		061 SW 107TH ST				
CITY-ST-ZIP	MIAMI FL	00111 01					T-ZIP		MI FL 33186				
în E	DV			DELETE	2.1 J			DV	11.14		Change	Addition	
NAME	WILLIAMS, E	RNESTO			2.2 N	AME	Ì		RALES, SUSAN		717		
STREET ADDRESS	1 000.011 0.	TH AVE			235	TREET	ADDRESS		O SW 97TH AVE				
CITY-ST-ZIP	MIAMI FL			DELETE			ST-ZIP	MIA	MI FL 3317 3		Charge	Addition	
TOLE NAME	TD ANTON IO	IAI		- DECEIE	3.1 To 3.2 N					i	Change	L_J Addition	
STREET ADDRESS	ANTON, JOH	1N 20TH STREET			1		ADDRESS						
C(TY+ST-ZIP	MIAMI FL	ZOIII OIIVLLI					ST-ZIP						
TITLE	SD	· · · · · · · · · · · · · · · · · · ·		DELETE	4 1 Ti						Change	Addition	
NAME	LEVINSON, I	EDWARD			4.21	IAMÉ							
STREET ADDRESS					4.3 S	TREET	ADDRESS						
CITY-ST-7IP	MIAMI FL				1 440	_							
TITLE	\					17Y-\$	1-212						
NAME				DELETE	5.1 Ti	TLE	1-ZIP		and the same of th		Change	Addition	
	{			DELETE	5.1 Ti 5.2 N	TLE Ame				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
STREET ADDRESS				☐ DELETE	5.1 Ti 52 N 5.3 S	TLE Ame Taeet	ADDRESS				Change	Addition	
CITY- ST-ZIP					5.1 Ti 52 N 5.3 S 5.4 C	TLE AME TAEET ITY - S			,				
CITY-SI-ZIP TITLE				DELETE	5.1 Ti 52 N 5.3 S 5.4 C 6.1 Ti	TLE AME TAEET ITY - S ITLE	ADDRESS				Change Change	Addition	
CITY: ST-ZIP TITLE NAME					5.1 Ti 52 N 5.3 \$ 5.4 C 6.1 Ti 6.2 N	TLE AME TAEET ITY - S ITLE AME	ADDRESS IT - ZIP						
CITY-SI-ZIP					5.1 Ti 52 N 5.3 S 5.4 C 6.1 Ti 6.2 N 6.3 S	TLE AME TAEET ITY - S ITLE AME TREET	ADDRESS		,				

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 origodition or the receiver or trustee employeered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, con an attact high with an address.

SIGNATURE:

FILED

Mar 20 1997 8:00am

Secretary of State