


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 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 # 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 33176-2806	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent SIEGEL, HERBERT 10655 SW 97 AVE MIAMI FL 33176		10. Name and Address of New Registered Agent 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 <i>Herbert Siegel</i> DATE 16 Mar 97			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME DP LIEHN, NORMAN J 1.3 STREET ADDRESS 13305 SW 108TH CT 1.4 CITY-ST-ZIP MIAMI FL 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME DV WILLIAMS, ERNESTO 2.3 STREET ADDRESS 8024 SW 94TH AVE 2.4 CITY-ST-ZIP MIAMI FL 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME TD ANTON, JOHN 3.3 STREET ADDRESS 10433 SW 120TH STREET 3.4 CITY-ST-ZIP MIAMI FL 4.1 TITLE <input checked="" type="checkbox"/> DELETE 4.2 NAME SD LEVINSON, EDWARD 4.3 STREET ADDRESS 10475 SW 78TH CT 4.4 CITY-ST-ZIP MIAMI FL 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DP SOKOLOW, MARK 1.3 STREET ADDRESS 13061 SW 107TH ST 1.4 CITY-ST-ZIP MIAMI FL 33186 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DV MORALES, SUSAN 2.3 STREET ADDRESS 7900 SW 97TH AVE 2.4 CITY-ST-ZIP MIAMI FL 33173 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>John A. Anton</i> DATE 16 MAR 97 DAYTIME PHONE # 305-262-2769			

CR2E037 (9/96)