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Feb 04 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36089** (3)

1. Corporation Name

**MIAMI KILLIAN SENIOR HIGH SCHOOL JROTC PARENTS' ASSOCIATION INC.**

Principal Place of Business

Mailing Address

% HERBERT SIEGEL  
10655 SW 97 AVE  
MIAMI FL 33176

% HERBERT SIEGEL  
10655 SW 97 AVE  
MIAMI FL 33176

3. Date Incorporated or Qualified

**01/01/1990**

4. FEI Number

**65-0158113**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, HERBERT  
10655 SW 97 AVE  
MIAMI FL 33176

81 Name

**ANGELO SANCHEZ**

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

**10655 SW 97 AVE**

83

84 City

**MIAMI**

FL

85 Zip Code

**33176**

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

**ANGELO SANCHEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

**26 JAN 98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SOKOLW, MARK	
STREET ADDRESS	13061 S.W. 107TH ST.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pollock, Henry	
1.3 STREET ADDRESS	10705 SW 134 CT	
1.4 CITY-ST-ZIP	MIAMI FL 33186	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORALES, SUSAN	
STREET ADDRESS	7900 S.W. 97TH AVE.	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANTON, JOHN	
STREET ADDRESS	10433 SW 120TH STREET	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ferrer, Rita	
3.3 STREET ADDRESS	8590 SW 124 CT	
3.4 CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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 in an attachment with address.

SIGNATURE: **Rita Ferrer** **REQUIRED**

**26 Jan 98 (305) 252-3645**

CR2E037 (10/97)