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Feb 22, 1999 8:00 am
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02-22-1999 90149 018 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36089

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/01/1990

4. FEI 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

9. Name and Address of Current Registered Agent

SANCHEZ, ANGELO
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

[Handwritten Signature]

6 JAN 99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME POLLOCK, HENRY
STREET ADDRESS 10705 SW 134TH CT
CITY-ST-ZIP MIAMI FL 33186

TITLE DV DELETE
NAME MORALES, SUSAN
STREET ADDRESS 7900 S.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE TD DELETE
NAME FERRER, RITA
STREET ADDRESS 8590 SW 124TH ST
CITY-ST-ZIP MIAMI FL 33156

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP Change Addition
1.2 NAME PASTRAN, DEBORAH
1.3 STREET ADDRESS 6413 SW 115 AVE
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33173

2.1 TITLE DV Change Addition
2.2 NAME HAMILTON, Dyan
2.3 STREET ADDRESS 12845 SW 119 TERR
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)