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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N38171

1. Corporation Name

**SOUTH MIAMI FRATERNAL ORDER OF POLICE LODGE NO.
136, INC.**

104493-90111-1 3 *

Principal Place of Business
P.O. BOX 430621
SOUTH MIAMI FL 33243-0621

Mailing Address
P.O. BOX 430621
SOUTH MIAMI FL 33243-0621



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/14/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0117148 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| Country | | Country | | | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

**KARCHER, DAVID
6130 SUNSET DRIVE
SOUTH MIAMI FL 33143**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | P-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSSE, LUIS A | 1.2 NAME | FOSSE, LUIS A |
| STREET ADDRESS | 6130 SUNSET DR | 1.3 STREET ADDRESS | 6130 SUNSET DRIVE |
| CITY-ST-ZIP | S. MIAMI FL 33143 | 1.4 CITY-ST-ZIP | S. MIAMI FL 33143 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, REUBEN | 2.2 NAME | DAVID SALERNO |
| STREET ADDRESS | 6130 SUNSET DR | 2.3 STREET ADDRESS | 6130 SUNSET DRIVE |
| CITY-ST-ZIP | S. MIAMI FL 33143 | 2.4 CITY-ST-ZIP | S. MIAMI FL 33143 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILBERT, FRANK | 3.2 NAME | XAVIER RUBIO |
| STREET ADDRESS | 6130 SUNSET DR | 3.3 STREET ADDRESS | 6130 SUNSET DRIVE |
| CITY-ST-ZIP | S. MIAMI FL 33143 | 3.4 CITY-ST-ZIP | S. MIAMI, FL 33143 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | I <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RATNER, THOMAS | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 792 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | S. MIAMI FL 33243 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | MASONIS, A. MARK | 5.2 NAME | |
| STREET ADDRESS | 6130 SUNSET DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | S. MIAMI FL 33143 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE REQUIRED

JAN 7, 1999

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