

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N38537 (9)

1. Corporation Name

MIAMI GRANADA ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 144474
CORAL GABLES FL 33114-4474

P.O. BOX 144474
CORAL GABLES FL 33114-4474



3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITO, ANTONIO
2732 SW 32ND AVE
MIAMI FL 33133

81 Name

DANIEL CALDERIN

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

7230 S.W. 100CT.

83

M

84 City

MIAMI

FL

85 Zip Code

33173

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

GONZALEZ, REINALDO R

STREET ADDRESS

10400 SW 92ND AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

DV

☒ DELETE

NAME

BORGES, JULIO S

STREET ADDRESS

8280 SW 27TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

D

☒ DELETE

NAME

MARTINEZ, JOSE A

STREET ADDRESS

4310 MONSERRATE ST.

CITY - ST - ZIP

CORAL GABLES FL

TITLE

DP

☒ DELETE

NAME

BORGES, JULIO S

STREET ADDRESS

13371 S.W. 41 PLACE

CITY - ST - ZIP

MIAMI FL 33175

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

D

1.2 NAME

LUBIAN MANUEL F.

☒ Change ☐ Addition

1.3 STREET ADDRESS

8521 S.W. 75 ST.

1.4 CITY - ST - ZIP

MIAMI - 33143

2.1 TITLE

D

2.2 NAME

RODRIGUEZ - VICTOR R.

☒ Change ☐ Addition

2.3 STREET ADDRESS

11755 S.W. 18TH ST.

2.4 CITY - ST - ZIP

MIAMI FL 33175

3.1 TITLE

D

3.2 NAME

PIANA DARIO

☒ Change ☐ Addition

3.3 STREET ADDRESS

4357 Fontainebleau BLV. D-310

3.4 CITY - ST - ZIP

MIAMI FL 33172

4.1 TITLE

D

4.2 NAME

BEQUER - HUMBERTO

☒ Change ☐ Addition

4.3 STREET ADDRESS

1924 S.W. 142 PL.

4.4 CITY - ST - ZIP

MIAMI FL 33175

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

800001828788

5.3 STREET ADDRESS

-05/20/96--01034--034

5.4 CITY - ST - ZIP

*****61.25**

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)