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Feb 14 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 # N47470 (2)

1. Corporation Name

MIAMI KILLIAN SENIOR HIGH BAND PATRONS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 160864
MIAMI FL 33176

P.O. BOX 160864
MIAMI FL 33116-0864



3. Date Incorporated or Qualified
02/20/1992

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 PO BOX 160864

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI, FLA.

27

City & State

23 MIAMI, FLA.

28

Zip

Country

24 33116-0864

25

29

Zip

Country

4. FEI Number
65-0237207

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEXLER, STANLEY
10048 S.W. 125 STREET
MIAMI FL 33176

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
NAME WEXLER, STANLEY
STREET ADDRESS 10048 S.W. 125 STREET
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME JOPLING, CARMEN
STREET ADDRESS 10905 S.W. 129 STREET
CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BLANCO, PATRICIA B
STREET ADDRESS 12945 S.W. 113 CT.
CITY-ST-ZIP MIAMI FL 33176

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

TITLE TD
NAME SANTOS, ESTHER
STREET ADDRESS 11830 S.W. 112 AVENUE CIR.
CITY-ST-ZIP MIAMI FL 33176

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, changed, or on an attachment with an address.

SIGNATURE: *Stanley Wexler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

205 670 3091

Date

Daytime Phone # 0028188

CR2E037 (9/96)