

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002259 (0)

1. Corporation Name

POLISH AMERICAN CHAMBER OF COMMERCE OF FLORIDA AND THE AMERICAS, INC.

Principal Place of Business

5439 NW 36TH ST.  
MIAMI FL 33166  
US

Mailing Address

5439 NW 36TH ST.  
MIAMI FL 33166  
US



3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Same  
Suite, Apt. #, etc.

2a. Mailing Address

26 Same  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

65-0415992

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

EMO CORPORATE SERVICES, INC.  
100 N.E. 3RD AVE.  
SUITE 1100  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Dr. Zdzislaw P. Wesolowski  
82 Street Address (P.O. Box Number is Not Acceptable)  
FLORIDA MEMORIAL COLLEGE  
83 15800 NW 42ND AVENUE  
84 City Miami FL 85 Zip Code 33054

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

Zdzislaw P. Wesolowski

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 PD  
NAME SVERCHEK, JOSEPH P  
STREET ADDRESS %ENGLISH, MCCAUGHAN, 100 NE 3RD AVE. #1100  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE SD  
NAME KISZKA, HALINA  
STREET ADDRESS 380 NE 51 COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☒ DELETE

TITLE VD  
NAME KRUSZEWSKI, ANTHONY E  
STREET ADDRESS %U.S. AIRMOTIVE, INC., 5439 N.W. 36TH ST.  
CITY-ST-ZIP MIAMI SPRINGS FL ☐ DELETE

TITLE TD  
NAME SZCZEPANSKI, TONI W.  
STREET ADDRESS TWS COMPUTER ELECT, 1700 EAST LAS OLAS BLV  
CITY-ST-ZIP FT. LAUD FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Wesolowski, Dr. Zdzislaw P.  
Florida Memorial College  
15800 NW 42nd Avenue, Miami, FL 33054 ☐ Change ☐ Addition

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

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

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

5.1 TITLE SD  
5.2 NAME Raczkowski, Mark B.  
5.3 STREET ADDRESS 1801 Collins Ave. #T6  
5.4 CITY-ST-ZIP Miami, FL, 33139 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

DATE

CR2E037 (3/96)