

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000944 (8)

1. Corporation Name

SOUTH FLORIDA INTERNATIONAL SKEET CLUB, INC.



Principal Place of Business

13235 SOUTHWEST 85TH TERRACE
MIAMI FL 33183

Mailing Address

13235 SOUTHWEST 85TH TERRACE
MIAMI FL 33183

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 **420 S Dixie Hwy**

2a. Mailing Address

26 **420 S Dixie Hwy**

4. FEI Number
65-0479051

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 2L**

27 **Suite 2L**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Coral Gables FL**

28 **Coral Gables FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33146**

25 **Browns**

29 **33146**

30 **Browns**

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

COTTE, ROBERT I
13235 SOUTHWEST 85TH TERRACE
MIAMI FL 33183

81 Name

Afif Chanouha

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

420 S Dixie Hwy

83

Suite 2L

84

City Coral Gables

FL

85 Zip Code

33146

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 (applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **COTTE, ROBERT I**
STREET ADDRESS **13235 SOUTHWEST 85TH TERRACE**
CITY - ST - ZIP **MIAMI FL 33183**

TITLE **D** ☐ DELETE
NAME **LAMBERTUS, ARTHUR**
STREET ADDRESS **1725 NW 58 ST**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **HOURAMI, SAMI**
STREET ADDRESS **16081 SW 153 CT**
CITY - ST - ZIP **MIAMI FL**

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 **D** ☐ Change ☒ Addition
1.2 NAME **Afif Chanouha**
1.3 STREET ADDRESS **420 S Dixie Hwy Suite 2L**
1.4 CITY - ST - ZIP **Coral Gables FL 33146**

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

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 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 #

4/1/96

669-1669 (305)

CR2E037 (12/95)