

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000944 (8)**

1. Corporation Name

**SOUTH FLORIDA INTERNATIONAL SKEET CLUB, INC.**

Principal Place of Business

Mailing Address

**420 SOUTH DIXIE HWY  
SUITE 2A  
CORAL GABLES FL 33146  
US**

**420 SOUTH DIXIE HWY  
SUITE 2L  
CORAL GABLES FL 33146-2222  
US**



2. Principal Place of Business	2a. Mailing Address
21 <b>13235 S.W. 85 TER.</b>	26 <b>13235 S.W. 85 TER.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>MIAMI, FL.</b>	28 <b>MIAMI, FL.</b>
Zip	Zip
24 <b>33183</b>	29 <b>33183</b>
Country	Country
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>65-0479051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHANOUHA, AFIF  
420 SOUTH DIXIE HWY  
SUITE 2L  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **COTTLE, ROBERT**

82 Street Address (P.O. Box Number is Not Acceptable)  
**13235 S.W. 85 TERRACE**

83

84 City **MIAMI** FL 85 Zip Code **33183**

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]* **March 23rd, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT - D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AFIF, CHANOUHA</b>	1.2 NAME	<b>ROBERT COTTLE</b>
STREET ADDRESS	<b>420 SOUTH DIXIE HWY SUITE 2L</b>	1.3 STREET ADDRESS	<b>13235 S.W. 85 TERRACE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33183</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SECRETARY - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERTUS, ARTHUR</b>	2.2 NAME	<b>RAFAEL SANGIOVANNI</b>
STREET ADDRESS	<b>1725 NW 58 ST</b>	2.3 STREET ADDRESS	<b>15027 S.W. 90 TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33196</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOURLAMI, SAMI</b>	3.2 NAME	<b>Edouard Bucicut,</b>
STREET ADDRESS	<b>16081 SW 153 CT</b>	3.3 STREET ADDRESS	<b>6278 SW 136 St., #F-113, Miami,</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Florida 33183</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/3/97** **(305) 861-6455**

CR2E037 (9/96)