

# 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 # N95000002637 (5)**

1. Corporation Name

**SOUTH DADE CHAPTER KOREAN WAR VETERANS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

717 PONCE DE LEON BLVD #215  
CORAL GABLES FL 33134

717 PONCE DE LEON BLVD #215  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

**05/30/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

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

**FERDIE, AINSLEE R  
717 PONCE DE LEON BLVD #215  
CORAL GABLES FL 33134**

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's signature is required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D ZUNDELL, WARREN**  
STREET ADDRESS **920 PARADISO AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ DELETE  
NAME **D FORGIONE, HELEN M**  
STREET ADDRESS **9285 SW 17TH ST**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE  
NAME **D FERDIE, AINSLEE R**  
STREET ADDRESS **717 PONCE DE LEON BLVD SUITE 215**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ DELETE  
NAME **D GARCIA, LUIS A**  
STREET ADDRESS **10125 SW 132ND CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ DELETE  
NAME **D ROSEN, MARTIN**  
STREET ADDRESS **1120 MANATI AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ DELETE  
NAME **D MILLER, DUANE**  
STREET ADDRESS **1386 S VENETIAN WAY**  
CITY-ST-ZIP **MIAMI BEACH FL 33239**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

*Warren Zundell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WARREN ZUNDELL**

**4-18-96 305-667-7623**  
Date Daytime Phone #

CR2E037 (12/95)