

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004769 (4)**

1. Corporation Name

RUSSIAN AMERICAN CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

8540 S.W. 133RD AVE. RD. #213
MIAMI FL 33183

Mailing Address

8540 S.W. 133RD AVE. RD. #213
MIAMI FL 33183

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
10/02/95

2. Principal Place of Business

21 **8540 SW 133 Ave Rd**

2a. Mailing Address

26 **8540 SW 133 Ave Rd**

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

Suite, Apt. #, etc.

22 **# 213**

Suite, Apt. #, etc.

27 **# 213**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33183**

Country

25 **U.S.A.**

Zip

29 **33183**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

KOTIK, SOFIYA
8540 S.W. 133RD AVE. RD, #213
MIAMI FL 33183

10. Name and Address of New Registered Agent

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 the title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | President/D | <input type="checkbox"/> DELETE |
| NAME | SOFIYA KOTIK | |
| STREET ADDRESS | 8540 SW 133 Ave Rd #213 | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | RECORDING SECRETARY | <input type="checkbox"/> DELETE |
| NAME | RUCY JASON KURAU | |
| STREET ADDRESS | 2141 SW 23 AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | |
| TITLE | TREASURER/D | <input type="checkbox"/> DELETE |
| NAME | PAUL WINFREY | |
| STREET ADDRESS | 1201 NE 191 ST, # 6 117 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 | |
| TITLE | OFFICER/D | <input type="checkbox"/> DELETE |
| NAME | LEONID RASKIN | |
| STREET ADDRESS | 19432 NE 26 AVE, # 92 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 | |
| TITLE | OFFICER/D | <input type="checkbox"/> DELETE |
| NAME | FRAN WINFREY | |
| STREET ADDRESS | 1201 NE 191 ST, # 6 117 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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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

Sofiya Kotik
SOFIYA KOTIK

April 21 1996

Date

Daytime Phone #

05 511196

CR2E037 (12/95)