

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 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
---	---	---

**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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8540 S.W. 133RD AVE. RD. #219</b>	2a. Mailing Address 26 <b>8540 S.W. 133RD AVE. RD #219</b>
22 Suite, Apt. #, etc. <b>MIAMI, FL</b>	27 Suite, Apt. #, etc. <b>MIAMI, FL</b>
23 City & State <b>33183 U.S.A.</b>	28 City & State <b>33183 U.S.A.</b>
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>10/02/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **KOTIK, SOFIYA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8540 S.W. 133RD AVE. RD**  
 83 **#219**  
 84 City **MIAMI** **FL** 85 Zip Code **33183**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **SOFIYA KOTIK** *Sofiya Kotik*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>KOTIK, SOFIYA</b>	
STREET ADDRESS <b>8540 SW 133RD AVE RD #213</b>	
CITY-ST-ZIP <b>MIAMI FL 33183</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KURAU, RUCY J</b>	
STREET ADDRESS <b>2141 SW 23RD AVE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33312</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WINFREY, PAUL</b>	
STREET ADDRESS <b>1201 NE 191 ST #G117</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>RASKIN, LEONID</b>	
STREET ADDRESS <b>18432 NE 28 AVE #22</b>	
CITY-ST-ZIP <b>NORTH MIAMI FL 33180</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>WINFREY, FRAN</b>	
STREET ADDRESS <b>1201 NE 191ST #G117</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>KOTIK, SOFIYA</b>	
1.3 STREET ADDRESS <b>8540 SW 133 AVE RD #219</b>	
1.4 CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>PENNIE, NORMA</b>	
2.3 STREET ADDRESS <b>731 N. 70TH WAY</b>	
2.4 CITY-ST-ZIP <b>HOLLIMOOD, FL 33024</b>	
3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>WINFREY, PAUL</b>	
3.3 STREET ADDRESS <b>630 LINE BLVD, #101</b>	
3.4 CITY-ST-ZIP <b>HOLLENDALE, FL 33009</b>	
4.1 TITLE <b>KAZAN, MAYA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>300 BAYVIEW DR #1609</b>	
4.3 STREET ADDRESS <b>NORTH MIAMI BEACH, FL, 33160</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>WINFREY, FRAN</b>	
5.3 STREET ADDRESS <b>630 LINE BLVD, #101</b>	
5.4 CITY-ST-ZIP <b>HOLLENDALE, FL 33009</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sofiya Kotik* **SOFIYA KOTIK** 8/3/97 305-385-8000

CR2E037 (4/97)