

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 # 716330

(6)

1. Corporation Name

MIAMI SPORTFISHING CLUB, INC.



Principal Place of Business

Mailing Address

1711 W. 38TH PLACE
UNIT #1104
HIALEAH FL 33012-7033

1711 W. 38TH PLACE
UNIT #1104
HIALEAH FL 33012-7033

3. Date Incorporated or Qualified
04/07/1969

3a. Date of Last Report
05/01/1995

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
23-7287415

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

**RECH, TOM
246 WESTWARD DR.
MIAMI SPRINGS FL 33166**

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOBALES, JIM	
STREET ADDRESS	790 NW 74TH TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PANOS, DEAN	
STREET ADDRESS	1911 NW 10TH TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TEITEL, JOEY	
STREET ADDRESS	102 EMERALD KEY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOSINSKI, JIM	
STREET ADDRESS	910 FALCON AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOSINSKI, JIM	
1.3 STREET ADDRESS	910 FALCON AVE	
1.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
2.1 TITLE	DMAR MARRERO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3470 SW 99 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIO HERNANDEZ	
3.3 STREET ADDRESS	13041 SW 81ST	
3.4 CITY-ST-ZIP	MIAMI, FL 33183	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT MIRANDA	
4.3 STREET ADDRESS	1711 W 38 PLACE #1104	
4.4 CITY-ST-ZIP	HIALEAH, FL 33012	
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		

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

6/27/96

305881-8547

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