FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

716330

(6)

MIAMI	SPORTFISHING CLUB, INC	•				
Principal Plac	e of Business	Mailing Address			- I HARIN IRREDE INDIR DINDR HIDDO LINUS AT	714 & 1816 \$466 \$1611 6781 8181 8181 8181
1711 W. 38TH I	PLACE	1711 W. 38TH PLACE				
UNIT #1104 UNIT #1104						
HIALEAH FL 33012-7033 HIALEAH FL 33012-7033					3. Date Incorporated or Qualified	3a. Date of Last Report
					04/07/1969	08/05/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26				23-7287415	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27 27			 		Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zip	Country	H	8. This corporation has liability for in	710000 10 1 000
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	jistered Agent
			81	Name		
RECH, TOM			82	Street Addre	ess (P.O. Box Number is Not Acceptable	ie)
246 WESTWARD DR. MIAMI SPRINGS FL 33166			83	·····		
minum O	11111001 2 33 100			Cis.		
				City		FL 85 Zip Code
11. Pursuant i office or re agent. La	to the provisions of Sections 617.050. egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, Fl	les, the above- authorized by t orida Statutes.	named corpo the corporation	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AND		E: Registered Agent	algnature require	***************************************	DATE
TITLE	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	KOSINSKI, JIM		1.2 NAME		į.	T Anguide T' Vontrou
STREET ADDRESS	910 FALCON AVE		1.3 STREET A	nnress.		
CITY-ST-ZIP	MIAMI CODINGS FI		1.4 CITY-ST-			
TITLE	VD	DELETE	2.1 TITLE	**	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	MARRERO, OMAR		2.2 NAME			
STREET ADDRESS	0.470 DIM DD 4167		2.3 STREET A	DORESS	• •	
CITY-ST-ZIP	MIAMI FL 2.40		2. 4 CITY-ST-	-2IP		
TITLE			3.1 TITLE			Change Addition
NAME	HERNANDEZ, MARIO					
STREET ADDRESS			3.3 STREET A	DDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-	- ZIP	·	
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition
NAME	MIRANDA, ROBERT		4.2 NAME			
STREET ADDRESS	1711 W 38 PLACE #1104 HIALEAH FL		4.3 STREET AL	1		
CITY-ST-ZIP TITLE	IRALLATIFL	☐ DELETE	4.4 CITY-ST-	ZIP		Change Laddate
NAME		□ beter	5.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME	nnorce		
CITY-SI-ZIP			5.3 STREET AL	· ·		
TITLE		☐ DELETE	5.4 DITY-ST- 6.1 TITLE	LIF		Change Addition
NAME		—	6.2 NAME			the same of the same same of
STREET ADDRESS			6.3 STREET AL	DDRESS		
			W.I.E./ //L			

SIGNATURE:

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 of rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Block

305-756-6352

FILED

Feb 13 1997 8:00am

Secretary of State