

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716330 (6)

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SAME
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc. SAME
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

04/07/1969

4. FEI Number

23-7287415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOSINSKI, JIM	
STREET ADDRESS	910 FALCON AVE	
CITY- ST- ZIP	MIAMI SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, OMAR	
STREET ADDRESS	3470 SW PP AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIO	
STREET ADDRESS	13041 SW 81 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, ROBERT	
STREET ADDRESS	1711 W 38 PLACE #1104	
CITY- ST- ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEAN PANUS	
1.3 STREET ADDRESS	16446 SW 70th ST	
1.4 CITY- ST- ZIP	PEMBROKE PINES FL 33331	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIO HERNANDEZ	
2.3 STREET ADDRESS	13041 SW 81 ST	
2.4 CITY- ST- ZIP	MIAMI FL	
3.1 TITLE	BOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIRANDA	
3.3 STREET ADDRESS	1711 W 38th PL UNIT 1104	
3.4 CITY- ST- ZIP	MIAMI FL 33012	
4.1 TITLE	DAVID J. TRAMER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANNY VILANOVA	
4.3 STREET ADDRESS	8165 W 18th AVE	
4.4 CITY- ST- ZIP	HIALEAH FL 33014	
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 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 recorder 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:

DEAN PANUS

1/7/98

CR2E037 (10/97)