SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90011 037 \*\*\*\*61.25

## **DOCUMENT # 716330**

1. Corporation Name

MIAMI SPORTFISHING CLUB, INC.				
Principal Place	e of Business	Mailing Address		* 6 603321 <sup>3</sup> -900111-37
1711 W. 38TH PLACE 1711 W. 38TH PLACE				1 (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884)
UNIT #1104 UNIT #1104 HIALEAH FL 33012-7033 HIALEAH FL 33012-7033				
	and the state of t		-	- · · · · · ·
		10- M-95- A-41		3. Date Incorporated or Qualifed
2. Principal Place of Business		2a. Mailing Address		04/07/1969
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For
22		27		23-7287415 Not Applicable
City & Stat	e	City & State		5. Certificate of Status Desired   \$8.75 Additional
23		28		Fee Required
Zip	Country	Zip 30	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Current		<u>,                                     </u>	10. Name and Address of New Registered Agent
****			81 Name	Friegastillo
RECH, TOM 82 Street Addget				Addgess (P.O. Box Number is Not Acceptable)
246 WESTWARD DR. 83			833	
MIAMI SPRINGS FL 33166				
84 City M. O				HIAMILAKES FL 85 Zip Code 32016
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this stetement 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.				
	Fri Castilli	Tre	asover	8/4/99
SIGNATURE	Signature, typed or printed name of registered agent			equired when reinstating) DATE
12.	OFFICERS AND	DELETE	13.	P DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD DEAN	IS DELETE	1.2 NAME	IF
NAME STREET ADDRESS	PANOS, DEAN 16486 S.W. 70TH ST		1.3 STREET ADDRESS	Danny varona BIUS WEST IBAVE,
CITY-ST-ZIP	PEMBROKE PINES FL 33331	•	1.4 CITY-ST-ZIP	H191097,FL 33014
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	HERNANDEZ, MAMO			omar marrero
STREET ADDRESS	13041 S.W. 81 ST		2.3 STREET ADDRESS	13451 SW71 ST
CITY-ST-ZIP	MIAMI FL	<b>☑</b> DELETE	2. 4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	SD POR	₩ DELETE	3.1 TITLE	David Pesi
NAME	MIRADA, BOB			8040 SW 15 ST
STREET ADDRESS	1711 W 38TH PL, UNIT 1104 MIAMI FL 33012			Miami, FL 33144
CITY-ST-ZIP	TD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VARONA, DANNY		4. 2 NAME	Eric Castillo
STREET ADDRESS	8165 W 18TH AVE		4.3 STREET ADDRESS	B330 NW IGGTA MIAMI LANES, FL 33016
CITY-ST-ZIP	HIALEAH FL 33014		4.4 CITY-ST-ZIP	MIami Lanes, FL 30016
TITLE	) a'	☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP			E 0.7 VIII - VI - AIF	·

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 suppliemental 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 conformation of the conformation

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition