

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725306 (5)  
1. Corporation Name  
**MIAMI BEACH POWER SQUADRON, INC.**



Principal Place of Business <b>18280 NE 19 AVE SUITE 202 NMB FL 33162</b>	Mailing Address <b>18280 NE 19 AVE SUITE 202 NMB FL 33162</b>
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3. Date incorporated or Qualified <b>01/12/1973</b>		
4. FEI Number <b>59-6166714</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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  
**ROSENFELD, ALEXANDER M  
18280 NE 19 AVE  
SUITE 202  
NMB FL 33162**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>TD Raul Comesanas</b>
NAME	<b>RAFFE, PHILLIP</b>	1.2 NAME	<b>308 NE 99th St</b>
STREET ADDRESS	<b>600 THREE ISLANDS DRIVE</b>	1.3 STREET ADDRESS	<b>Miami Beach, FL 33138</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<b>SD</b>
NAME	<b>HAUSMAN, BENJAMIN</b>	2.2 NAME	<b>Doris Luria</b>
STREET ADDRESS	<b>1719 NE 142ND ST.</b>	2.3 STREET ADDRESS	<b>1719 NE 142nd</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33162</b>
TITLE	<b>PD</b>	3.1 TITLE	
NAME	<b>STEINBERG, LEONARD</b>	3.2 NAME	
STREET ADDRESS	<b>600 PARKVIEW DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<b>TD Raul Comesanas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>308 NE 99th St</b>	
1.3 STREET ADDRESS	<b>Miami Beach, FL 33138</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Doris Luria</b>	
2.3 STREET ADDRESS	<b>1719 NE 142nd</b>	
2.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33162</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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]* 17 Feb 1998 305 940 8080

CR2E037 (10/97)