

FILE NOW. FILING FEE IS \$01.20

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730130 (2)

1. Corporation Name
MIAMI ROWING CLUB, INC.



Principal Place of Business: 3601 RICKENBACKER CSWY, KEY BISCAYNE FL 33149
Mailing Address: 3832 SHIPPING AVE, MIAMI FL 33146, US

3. Date Incorporated or Qualified: 07/03/1974
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

4. FEI Number: 59-1952997
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

KOSOWSKY, HOWARD
3832 SHIPPING AVE
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE	P	<input type="checkbox"/> DELETE
NAME	ARELLANO, RAUL	
STREET ADDRESS	8861 SW 82ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOSOWSKY, HOWARD	
STREET ADDRESS	3832 SHIPPING AVE	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENDOZA, ANDRES	
STREET ADDRESS	8300 SW 89TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL PINO, DIEGO	
STREET ADDRESS	1757 WAKEENA DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTALVO, EDUARDO	
STREET ADDRESS	405 N. HIBISCUS DR. 211	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUARA, MARCUS	
STREET ADDRESS	9211 SW 50TH TER.	
CITY-ST-ZIP	MIAMI FL	

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mendoza Jose M.	
1.3 STREET ADDRESS	7044 SW 114 PL "D"	
1.4 CITY-ST-ZIP	Miami, FL	
2. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANN, SAMUEL A.	
2.3 STREET ADDRESS	1492 Columbus Blvd	
2.4 CITY-ST-ZIP	Oral Gables, FL 33134	
3. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, MARY ANN	
3.3 STREET ADDRESS	698 CURTISWOOD DR	
3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
4. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUZARRAGA, Silvia A.	
4.3 STREET ADDRESS	7001 SW 64 COURT	
4.4 CITY-ST-ZIP	MIAMI, FL 33143	
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Miyalis J. Elaine	
5.3 STREET ADDRESS	3151 10800/1802371	
5.4 CITY-ST-ZIP	Cocoville, FL 33133	
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: *Howard Kosowsky* 4/12/96 305 444 8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #