

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 24 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730130 (2)
 1. Corporation Name
MIAMI ROWING CLUB, INC.



Principal Place of Business 3601 RICKENBACKER CSWY KEY BISCAIYNE FL 33149	Mailing Address 3832 SHIPPING AVE MIAMI FL 33146 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1974	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-1952997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

KOSOWSKY, HOWARD
3832 SHIPPING AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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, JOSE M
STREET ADDRESS	7044 SW 114 PL #D
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" 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	MIAI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lopez-Gotardi, Christine
3.3 STREET ADDRESS	2450 Cordova St
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Luzarraga Silvia
4.3 STREET ADDRESS	3401 NW 82 Av
4.4 CITY-ST-ZIP	Miami, FL 33122
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	600002251888 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/30/97--01005--027
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	PE 7-24

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 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 REQUIRED **Howard Kosowski** 7/17/97 305
 Treasurer

CR2E037 (4/97)