


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90062 025 ****61.25

0031541

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 730130

1. Corporation Name
MIAMI ROWING & WATERSPORTS CENTER, INC.

Principal Place of Business 3601 RICKENBACKER CSWY KEY BISCAIYNE FL 33149	Mailing Address 3832 SHIPPING AVE MIAMI FL 33146 US
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1952997
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P Director	<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	P RS	<input type="checkbox"/> DELETE
NAME	LOPEZ-GOTARDI, CHRISTINE	
STREET ADDRESS	2450 CORDOVA ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUZARRAGA, SILVIA	
STREET ADDRESS	3401 NW 82 AV	
CITY-ST-ZIP	MIAMI FL 33122	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Jenkins	
1.3 STREET ADDRESS	5813 SW 68 ST	
1.4 CITY-ST-ZIP	Miami, FL 33143	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alex Salas	
2.3 STREET ADDRESS	8840 SW 114 Ter	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	D Sunny McLean	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sunny McLean	
3.3 STREET ADDRESS	5813 SW 68 St.	
3.4 CITY-ST-ZIP	Miami, FL 33143	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roger Bernstein	
4.3 STREET ADDRESS	69 Merrick Way	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jorge Salas	
5.3 STREET ADDRESS	8840 SW 114 Ter.	
5.4 CITY-ST-ZIP	Miami, FL 33176	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Maryanne Arellano	
6.3 STREET ADDRESS	1415 Serilla Ave.	
6.4 CITY-ST-ZIP	Coral Gables, FL 33134	

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, with all other like empowered.

SIGNATURE: **[Signature]** DATE: **2/11/99** DAYTIME PHONE #: **305 444 8520**

CR2E037-11/99A