

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03485** (2)

1. Corporation Name:

MIAMI BACH SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 4034
CORAL GABLES FL 33114

P O BOX 4034
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/06/1984

05/01/1994

4. FEI Number

59-2429406

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSS, ROLAND C.
701 BRICKELL AVE.
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title) (Required)

(Required) Registered Agent signature required when transferring.

(Not)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCKINNEY, PETER
STREET ADDRESS	14824 SW 97 CT
CITY, ST, ZIP	MIAMI FL
TITLE	DT
NAME	THORESEN, ERLING
STREET ADDRESS	3235 MARY ST
CITY, ST, ZIP	MIAMI FL
TITLE	DS
NAME	EWING, SUSAN
STREET ADDRESS	6904 SW 114 PL-A
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	VANCE, CYNTHIA
STREET ADDRESS	8245 SW 116 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 139.07(1)(b), 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of checked, or on an attachment with an acknowledgment.

SIGNATURE:

DIGITALLY SIGNED AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Erling T. Thoresen

4/28/95 (305)447-8667