

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N03485 (2)**

1. Corporation Name  
**MIAMI BACH SOCIETY, INC.**



Principal Place of Business: P O BOX 4034 CORAL GABLES FL 33114  
Mailing Address: P O BOX 4034 CORAL GABLES FL 33114

3. Date Incorporated or Qualified: **06/06/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2429406**  
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

2. Principal Place of Business (21-24):  
2a. Mailing Address (26-30):  
Suite, Apt. #, etc. (22, 27)  
City & State (23, 28)  
Zip (24, 29) Country (25, 30)

9. Name and Address of Current Registered Agent  
**GOSS, ROLAND C.  
701 BRICKELL AVE.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **777 Brickell Ave.**  
83  
84 City  
85 Zip Code: **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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKINNEY, PETER</b>	
STREET ADDRESS	<b>14824 SW 97 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>THORESEN, ERLING</b>	
STREET ADDRESS	<b>3235 MARY ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EWING, SUSAN</b>	
STREET ADDRESS	<b>6904 SW 114 PL-A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANCE, CYNTHIA</b>	
STREET ADDRESS	<b>8245 SW 116 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D/P Terry, Lawrence Jr.</b>
1.3 STREET ADDRESS	<b>1896 Tigertail Ave.</b>
1.4 CITY-ST-ZIP	<b>Coconut Grove, FL 33133</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D/V Berberian, George W.</b>
2.3 STREET ADDRESS	<b>7290 SW 112 St.</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D/S Veater, Claire W.</b>
3.3 STREET ADDRESS	<b>10453 SW 114 St.</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
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 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: Erling T. Thoresen DATE: 4/22/96 (305) 447-8667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (12/95)