

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc. and City & State.
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

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: _____ 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINNEY, PETER	1.2 NAME	Terry, Lawrence Jr.
STREET ADDRESS	14824 SW 97 CT	1.3 STREET ADDRESS	1896 Tigertail Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORESEN, ERLING	2.2 NAME	Berberian, George W.
STREET ADDRESS	3235 MARY ST	2.3 STREET ADDRESS	7290 SW 112 St.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EWING, SUSAN	3.2 NAME	Veater, Claire W.
STREET ADDRESS	6904 SW 114 PL-A	3.3 STREET ADDRESS	10453 SW 114 St.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, CYNTHIA	4.2 NAME	
STREET ADDRESS	8245 SW 116 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (Signature and typed or printed name of signing officer or director)
Date: **4/22/96** Daytime Phone: **(305) 447-8667**

CFR2E037 (12/95)