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

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38784

(7)

PROJECT REEFKEEPER, INC.

## FILED Feb 05 1997 8:00am Secretary of State

						. 2   1   1   2   2   2   2   2   2   2	
Principal Place of Business Mailing Address					ı infilini dan ilini ibili idanı inili bibi di		11 #1#11 18:01
2809 BIRD AVE 2809 BIRD AVENUE. 162							
MIAMI FL 33133 MIAMI		SUITE 162	SUITE 162 MIAMI FL 33133-4668 US				
					3. Date Incorporated or Qualified 3a. Date of Last Report		
03		00			06/28/1990	02/07/199	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
21		26			65-0208538	Nor	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		
Zip	Country	Zip	Count	ry	8. This corporation has liability for intar		199.032,
24	25	29	30		Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New Register	ered Agent	
l			Į8	1 Name			
STONE, ALEXANDER				2 Street Ad-	dress (P.O. Box Number is Not Acceptable)	,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
2809 BIRD AVENUE			a	3		·	
162			"	1			
MIAMI FL 33149			₹	4 City		FL 85 Zip C	Code
11 Director	to the provisions of Captions 617.06	FO2 and 617 1500 Florida Statu	ton the obe	un named as	vacation submits this statement for the number		o registered
office or i	registered agent, or both, in the Star	te of Florida. Such change was	authorized	by the corpor	proprection submits this statement for the purpo- ation's board of directors. I hereby accept the	e appointment as	registered
i agent. Fa	ım familiar with, and accept the obli	gations of, Section 617.0503, Fl	orida Statul	<b>es</b> .			
SIGNATURE		000	re el distribui		quired when reinstating) D	DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	(Beilt giðtratítie sad	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PD	DELETE	1.1 TITL	<u> </u>	7,000,000,000	Change	Addition
NAME	STONE, ALEXANDER	<del></del>	1.2 NAM	i i			
STREET ADDRESS	459 SW 18TH TERRACE			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	-ST-ZIP			
TITLE			2.1 TITL			Change	Addition
NAME	DURANZA, LADISLAO		2.2 NAV	E			
STREET ADDRESS	1353 SW 1 ST #3		2.3 STR	ET ADDRESS			
CITY - ST - ZIP	MIAMI FL		2.4 CIT	Y-ST-ZIP			
TITLE	TD	☐ DELETE	31 TITL			Change	Addition
NAME	ARBUTHNOTT, KATHY		3.2 NAM	E :			
STREET ADDRESS	459 SW 18TH TERR		3.3 STA	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change	☐ Addition
NAME			4. 2 NA	AE		•	
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	- \$T- ZIP			
TITLE		DELETE	5.1 TITL	E		☐ Change	Addition
NAME			5 2 NAN	IE .			ļ
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITL	E		Change	Addition

6.2 NAME 6.3 STREET ADDRESS

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.