

**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 # **N94000005282 (8)**

1. Corporation Name

**INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45, INC.**



Principal Place of Business

Mailing Address

~~5621 GRANADA BLVD~~  
~~CORAL GABLES FL 33146~~

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~~CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified  
**10/25/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **134 Camilo Ave**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Coral Gables, Florida**

27

24 **33134**

Country

25 **U.S.A**

Zip

Country

29

Zip

Country

30

4. FEI Number

~~59-2478052~~ **65-0537825**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DELANEY, JOHN P~~  
~~5621 GRANADA BLVD~~  
~~CORAL GABLES FL 33146~~

81 Name **Richard A. DelVecchio**

82 Street Address (P.O. Box Number is Not Acceptable)  
**134 Camilo Ave.**

83

84 City **Coral Gables**

FL

85 Zip Code **33134**

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

*[Signature]*

**5/12/96**

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS      | CITY-ST-ZIP           | DELETED                             |
|-------|---------------------|---------------------|-----------------------|-------------------------------------|
| P     | DELANEY, JOHN P     | 5621 GRANADA BLVD.  | CORAL GABLES FL 33146 | <input checked="" type="checkbox"/> |
| VP    | DELVECCHIO, RICHARD | 311 VISCAYNE AVE    | CORAL GABLES FL 33146 | <input checked="" type="checkbox"/> |
| S     | ACE, HECTOR         | 14800 SW 50 TERRACE | MIAMI FL 33186        | <input checked="" type="checkbox"/> |
|       | HALL, DAVID         | 10200 S.W. 37TH ST. | MIAMI FL 33165        | <input type="checkbox"/>            |
| D     | SIERRA, JOSE        | 4101 S.W. 95 ST.    | MIAMI FL 33165        | <input type="checkbox"/>            |
| D     | SCHNAGER, DONALD    | 229 SW 11 ST.       | MIAMI FL 33130        | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                  | STREET ADDRESS        | CITY-ST-ZIP        | CHANGED                             | ADDITION                            |
|-------|-----------------------|-----------------------|--------------------|-------------------------------------|-------------------------------------|
| 1.1   | Deceased              |                       |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.1   | President             | Richard A. DelVecchio | 134 Camilo Ave.    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.2   | Secretary             | JEFF SILVER           | 14224 SW 153 Ter.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2.3   | Treasurer             | DAVID HALL            | 10200 SW 37 TH ST. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.4   | Vice President        | JOSE SIERRA           | 4101 SW 95 ST      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6.1   | 900001829158          |                       |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6.2   | -05/20/96--01043--011 |                       |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6.3   | ***70.00              |                       |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres. Richard DelVecchio 4/20/96**

DATE

DAYTIME PHONE #

**(305) 856-7500**

CR2E037 (12/95)