

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morjham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000701 (0)
1. Corporation Name
VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business 322 FLUVIA AVE. CORAL GABLES FL 33134	Mailing Address 322 FLUVIA AVE. CORAL GABLES FL 33134-7316
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1996		3a. Date of Last Report	
21	26	4. FEI Number 65-0655674		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28	29		30			
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMON, FRANCOIS 322 FLUVIA AVE. CORAL GABLES FL 33134				81 Name	FAYE M. AMAT		
				82 Street Address (P.O. Box Number is Not Acceptable)	7310 S.W. 140TH AVENUE		
				83	MIAMI, FLORIDA 33183		
				84 City	MIAMI	85 Zip Code	FL 33183

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: *Faye M. Amat* DATE: **3/20/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COMMODORE/P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYE M. AMAT	1.2 NAME	
STREET ADDRESS	7310 S.W. 140TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	1.4 CITY-ST-ZIP	
TITLE	VICE COMMODORE/VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON BOTTOMLEY	2.2 NAME	
STREET ADDRESS	35250 S.W. 177TH CT., #88	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33034	2.4 CITY-ST-ZIP	
TITLE	ADMINISTRATOR/S/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MCGHEE	3.2 NAME	
STREET ADDRESS	322 FLUVIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	
TITLE	TREASURER/T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA MOORE	4.2 NAME	
STREET ADDRESS	1725 S.W. 24TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	4.4 CITY-ST-ZIP	
TITLE	FLEET CAPTAIN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL ACOSTA	5.2 NAME	
STREET ADDRESS	750 N.W. 43RD AVE., #605	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	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 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.

SIGNATURE: *Faye M. Amat* COMMODORE/P/D 3/20/97 305/005-5008

CR2E037 (9/96)