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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714992

1. Corporation Name

SOUTH FLORIDA AQUARIUM SOCIETY, INC.

Principal Place of Business

9121 SW 181 TERR
MIAMI FL 33157
US

Mailing Address

9121 SW 181 TERR
MIAMI FL 33157
US



2. Principal Place of Business

21 **26 NW 3 AVENUE**

Suite, Apt. #, etc.

22 City & State
HALLANDALE, FL

23 Zip Country
33009 USA

2a. Mailing Address

26 **26 NW 3 AVENUE**

Suite, Apt. #, etc.

27 City & State
HALLANDALE, FL

28 Zip Country
33009 USA

3. Date Incorporated or Qualified

07/12/1968

4. FEI Number

65-0166553

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

9. Name and Address of Current Registered Agent

GINSBERG, LARRY
9121 SW 181 TERR
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Larry Ginsberg, Past President/Director

3/14/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **GINSBERG, LARRY**
STREET ADDRESS **9121 SW 181 TERR**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VD** ☒ DELETE
NAME **ANGELA, VERNON**
STREET ADDRESS **944 SW SAN PEDRO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **SD** ☐ DELETE
NAME **SOLIS, MANUEL**
STREET ADDRESS **6202 SW 42ND ST.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☒ DELETE
NAME **MALCOLM, JERRY E**
STREET ADDRESS **13820 SW 82 ST**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TD** ☐ DELETE
NAME **GINSBERG, BARBARA**
STREET ADDRESS **9121 SW 181 TERR.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ DELETE
NAME **HUBER, MARIA**
STREET ADDRESS **9821 JAMAICA DRIVE**
CITY-ST-ZIP **MIAMI FL 33189**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **EDWARD PARKER**
1.3 STREET ADDRESS **26 NW 3 AVENUE**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **MARCO A. ESPINOSA**
2.3 STREET ADDRESS **7955 SW 17 STREET**
2.4 CITY-ST-ZIP **MIAMI, FL 33155**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **ANGELA VERNON** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **12465 SW 143 LANE**
4.4 CITY-ST-ZIP **MIAMI, FL 33186**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **RAMON LLORET**
6.3 STREET ADDRESS **1820 SW 99 COURT**
6.4 CITY-ST-ZIP **MIAMI, FL 33165**

14. I 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, with all other like empowered.

SIGNATURE: *Barbara Ginsberg, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 305-662-5407

Date

Daytime Phone #

CR2E037 (11/98)