FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741829** **(6)**

1. Corporation Name
MIAMI RUNNERS, INC.

Principal Place of Business	Mailing Address
7920 S W 40 STREET MIAMI FL 33155	7920 S W 40 STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1978**
3a. Date of Last Report: **08/24/1994**
4. FEI Number: **51-0226283** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BLANCO,JORGE A.
6977 SW 115 PL UNIT F
MIAMI FL 33173

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	NORWITCH, ELLIE	12 NAME	JoAnn Smith
STREET ADDRESS	13120 SW 92ND AVE. #D112	13 STREET ADDRESS	1205 Mariposa Ave.#206
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Coral Gables, Fl
TITLE	ED	21 TITLE	☐ Change ☐ Addition
NAME	BLANCO,JORGE A.	22 NAME	400001493174
STREET ADDRESS	6977 SW 115 PL UNIT F	23 STREET ADDRESS	-05/18/95--01028--009
CITY-ST-ZIP	MIAMI FL 33173	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	P/D	31 TITLE	☐ Change ☐ Addition
NAME	STANIEWICZ, JOE	32 NAME	
STREET ADDRESS	8845 S.W. 99TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	T/D ☒ Change ☐ Addition
NAME	RODRIGUEZ, JOSEPH	42 NAME	John Marshall
STREET ADDRESS	10765 S.W. 52ND TERRACE	43 STREET ADDRESS	8100 SW 163 ST
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, Fl
TITLE	V	51 TITLE	V ☒ Change ☐ Addition
NAME	ROGER,DANN	52 NAME	Mike Becker
STREET ADDRESS	7407 S.W. 52ND COURT	53 STREET ADDRESS	13874 SW 102 Ln
CITY-ST-ZIP	MIAMI FL 33157	54 CITY-ST-ZIP	Miami, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: C Blanco Exec. Director 4/19/95 227-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004519