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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 744908 (5)							
	ORANGE BOWL COMMITT	EE, INC.			A SARGEL CARDO MORE MARIO MATELANS		1 1 <b>4 h</b> r
Principal Place	of Business	Mailing Address				NII AINTI AINIE NINI NINI AINI AINI AIRIE	11003
1390 S. DIXIE HIGHWAY		1390 S. DIXIE HIGHWAY					
STE 2202		STE 2202	40				
CORAL GABLE	S FL 33146	CORAL GABLES FL 331	40		3. Date Incorporated or Qualified	3a. Date of Last Report 07/19/1995	
		T & NA Property And Advanced			11/13/1978 4. FEI Number	Applied 6	For
2. Principal Pla	ice of Business	2a. Mailing Address			59-2189635	Not App	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
22		27				P Ted Medalle	•••••
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May I Added to Fee	
2 <b>3</b>   Z <sub>1</sub> p	Country	Zip	Country		8. This corporation has liability for in		
24	25	29	30		Florida Statutes	] Yes □ No	
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
et genio	K, DONALD D. III						
	N 25 ST #202		82	Street Ad	ddress (P.O. Box Number is Not Acceptable	<del>5</del> )	
	. 33172-9108		83				
(112 2111 1 2			84	City		85 Zip Code	
;						FL I	ad affina
11. Pursuant t	o the provisions of Sections 617.0502 and apent, or both, in the State of Florid	and 617,1508, Florida Statut Ia, Such change was authoriz	es, the above-r ed by the corp	named corp oration's be	coration submits this statement for the purpopard of directors. I hereby accept the appo	oose of changing its registere intment as registered agent.	l am
femiliar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes	3.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	OTE Registered Ager	nt signature requ	ulred when reinstating)	DATE	
12.*	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PT	DELETE	1.1 TITLE		PT To the Do when the	Change 🔲 Ad	ddition
NAME	PERRY, ARNOLD		1,2 NAME		Waters, Barbara-	P O A P	
STREET ADDRESS	423 PALERMO CORAL GABLES FL		1.3 STREET		14610 SW 69th An Miami, FL 33	5156	
CITY-ST-ZIP TITLE	T T	DOELETE	1.4 CITY - 5 2.1 TITLE	51-214	7	Change 🔲 Ad	Addition
NAME	WATERS, BARBARA		2.2 NAME		Voigt, Corolur	٠.	
STREET ADDRESS	14610 SW 69TH AVENUE		2.3 STREET	ADDRESS	503 Catalonia	Ave	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	ST-ZIP	Coral Gables, F	-U 33154	dun:
TITLE	VP	DELETE	3.1 TITLE		Steinbauer J.	Change A	Addition
NAME	VOIGH, CAROLYN 503 CATALONIA AVENUE		3.2 NAME	r address	5598 NW 102 F	Flace	
STREET ADDRESS	MIAMI FL		3.3 STREE 3.4. CITY-		Miami, FL 331	78	
CITY-ST-ZIP TITLE	VP	DELETE	4.1 THLE	-: -"		☐ Change ☐ A	Addition
NAME	TRELLES, ALBERT		4. 2 NAME		70000180		
STREET ADDRESS	4801 RIVIERA DR		4.3 STREE	T ADDRESS	-0S/01/96011		
CITY-ST-ZIP	CORAL GABLES FL	Elbert.	4.4 CITY - :	ST-ZIP	***70.00	Marchanne 17 A	Addition
TITLE	S VANDEDGEN CHCAN	TO CLETE	5.1 TITLE		5	Change	wantion
NAME	VANBERGEN, SUSAN 15 PHOENETIA #404		5.2 NAME 5.3 STREE	T ADDRESS	Jones Virginia	in Street	
STREET ADDRESS City-St-Zip	CORAL GABLES FL		5.4 CITY-		6235 S.W. 113 Miami FL 3315	56	
TITLE	TR	<b>S</b> ecrete	6 1 TITLE		TR_		Addition
NAME	STEINBAUER, J.R.	70	6.2 NAME		Estevez, Kath,	run	
STREET ADDRESS	600 NE 36TH ST #T-17		6.3 STREE	1 ADDRESS	9833 Sw 92nd A	vonue	
CITY-ST-ZIP	MIAMI FL		6.4 CITY	المريم وممر	Miami, FL 3317	07/2\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\	ırther
14. I do heret certify that	by certify that the information supplied at the information Indicated on this ann	with this filing is voluntarily <b>fur</b> ual report or supplemental <b>a</b> n	nished and do nual report is tr	es not quali rue and acc	ify for the exemption stated in Section 119. curate and that my signature shall have the	same legal effect as if made	under
oath; that appears i	t Lam an officer or director of the corpx in Block 12 <b>or Blo</b> ck 13 if c <del>hanged, o</del> r	pration or the receiver or trust on an its come it with an add	ee empowered dress.	to execute	up for the exemption stated in Section 1716, surate and that my signature shall have the this report as required by Chapter 617, Fig.	onoa statutes; and that my h	IQI HE

SIGNATURE: \_

MIGNING OFFICER OR DIRECTOR