


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>746844</b> (0)			
1. Corporation Name <b>MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.</b>			
Principal Place of Business		Mailing Address	
3430 WILLIAM AVE. P O BOX 330052 MIAMI FL 33133		3430 WILLIAM AVE. P O BOX 330052 MIAMI FL 33133-5836	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		3a. Date of Last Report	
04/23/1979		05/01/1996	
4. FEI Number		Applied For	
59-1916996		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, DAVID 3523 MARLER AVENUE MIAMI FL 33133		81 Name <b>DOROTHY P. LEE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3459 PERCIVAL AVENUE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33133</b>	
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 <i>Dorothy P. Lee</i>		DATE <i>March 14, 1997</i>	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, DOROTHY P	1.2 NAME	<b>ALBURY, ANDREW</b>
STREET ADDRESS	3459 PERCIVAL AVE	1.3 STREET ADDRESS	<b>11341 S.W. 155th STREET</b>
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	<b>MIAMI, FL, 33133</b>
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, MARY	2.2 NAME	<b>ROLLE, FRANKIE S</b>
STREET ADDRESS	15001 N.E. 14TH AVE	2.3 STREET ADDRESS	<b>3430 WILLIAM AVENUE</b>
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, ERNEST M	3.2 NAME	
STREET ADDRESS	6061 S.W. 63RD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLE, FRANKIE S	4.2 NAME	
STREET ADDRESS	3430 WILLIAM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DAVID	5.2 NAME	
STREET ADDRESS	3523 MARLER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, MILES C. JR.	6.2 NAME	
STREET ADDRESS	3471 OAK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: <i>Frankie S. Rolle</i>		DATE <i>3-14-97</i> (305) 4437928	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0026835	



CR2E037 (9/96)