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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03506 (5)

1. Corporation Name

THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-5417



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/07/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2463929

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
ATTN: LEGAL DEPARTMENT
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

JOEL K GOLDMAN
LEG 21 DEPT 9TH FLOOR
2601 S. Bayshore Dr.
Miami FL 33133

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 *Joel K. Goldman* Joel K. Goldman

DATE 4-15-97

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	DPS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	SPARROW, MARK	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FERTIG, JAY C	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDMAN, JOEL K	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERTIG, JAY C.	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	VIT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARLTON, CALLIS	
3.3 STREET ADDRESS	2601 S. Bayshore Dr	
3.4 CITY-ST-ZIP	Miami FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Joel K. Goldman* Joel K. Goldman, VP

DATE 4-15-97 305-P59-4071

CR2E037 (9/96)