

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90073 047 \*\*\*\*61.25

DOCUMENT # N15212 °C

1. Corporation Name

Up the River, Inc.

Principal Place of Business

Mailing Address

25 SE 2nd Avenue, Suite 621  
Miami, FL 33131

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

6/3/86

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

City & State

City & State

59-2693206

Not Applicable

23

28

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Betty C. Fleming  
25 SE 2nd Avenue, Suite 621  
Miami, FL 33131

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 Betty C. Fleming

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

(NOTE: Registered Agent signature required when reinstating)

2/24/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/Pres  
NAME Janet Gavarrete  
STREET ADDRESS 625 VillaBella Avenue  
CITY-ST-ZIP Coral Gables, FL 33134

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D/  
NAME VP  
STREET ADDRESS 7400 N. Kendall Drive  
CITY-ST-ZIP Miami, FL 33156

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME Cleve Jones  
STREET ADDRESS 3700 NW South River Dr.  
CITY-ST-ZIP Miami, FL 33143

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

TITLE D  
NAME Gwen Calloway  
STREET ADDRESS 11706 SW 132 Place  
CITY-ST-ZIP Miami, FL 33186

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME Arsenio Milian  
STREET ADDRESS 2025 SW 32 Avenue  
CITY-ST-ZIP Miami, FL 33145

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

TITLE D  
NAME Emmanuel Smith  
STREET ADDRESS 3100 S. Miami Avenue  
CITY-ST-ZIP Miami, FL 33129

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Janet Gavarrete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 305-673-7010

CR2E037 (11/98)