

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001454234
-04/12/95--01042--003
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N38695** (5)
1. Corporation Name
MIAMI RIVER MARINE GROUP CORP.

Principal Place of Business Mailing Address

690 SW 1 COURT 2ND COURT MIAMI FL 33130 US
690 SW 1 COURT 2ND FLOOR MIAMI FL 33130 US

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 29 Zip Country

3. Date Incorporated or Qualified **06/20/1990** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0204985** 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

9. Name and Address of Current Registered Agent

BROWN, JAMES W
615 SW 2ND AVE #206
MIAMI SHIPYARDS
MIAMI FL 33130

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JAMES W	1.2 NAME	D RICK REID
STREET ADDRESS	690 S.W. 1ST COURT	1.3 STREET ADDRESS	1201 N.W. South River DR.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONOCANDIOS, JORDAN CAP	2.2 NAME	VP D MONOCANDIOS, JORDAN CAP.
STREET ADDRESS	3201 NW 24 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR, BOB CAP	3.2 NAME	Treasurer Dick Bunnell
STREET ADDRESS	615 SW 2ND AVE #115	3.3 STREET ADDRESS	7801 N.W. 66 St.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCHAB, AL	4.2 NAME	Steve Delaney
STREET ADDRESS	3033 N.W. NORTH RIVER DR	4.3 STREET ADDRESS	8700 W. Flagler St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHAB, AL	5.2 NAME	
STREET ADDRESS	3033 NW NORTH RIVER DR	5.3 STREET ADDRESS	400001454234
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	-04/12/95--01042--004
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FADEL, JOE	6.2 NAME	
STREET ADDRESS	3038 NW TEOFIL0 BABUN DR	6.3 STREET ADDRESS	*****68.75 *****68.75
CITY-ST-ZIP	MIAMI FL	6.4 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 110.07(3)(k), 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: *J. James W. Brown* x 3/15/95 x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR