

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29, 1996 08:00 AM
Secretary of State

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**

3. Date Incorporated or Qualified **06/20/1990** 3a. Date of Last Report **04/04/1995**
4. FEI Number **65-0204995** 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

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 25 Country 29 Country 30 Country

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 **JAMES W. BROWN**
82 Street Address (P.O. Box Number is Not Acceptable)
690 S.W. 1st COURT
83 **Miami Ship Services**
84 City **Miami** FL 85 Zip Code **33130**

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 **JAMES W. BROWN**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, RICK	
STREET ADDRESS	4201 NW SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MONOCANDILOS, JORDAN CAP	
STREET ADDRESS	3201 NW 24 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIABUNNELL	
STREET ADDRESS	7801 NW 66 CT	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANEY, STEVE	
STREET ADDRESS	8700 W. FLAGLER	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNAB, AL	
STREET ADDRESS	3033 NW NORTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FADEL, JOE	
STREET ADDRESS	3038 NW TEOFILO BABUN DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Parkes	
1.3 STREET ADDRESS	P.O. Box 13079	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rick Winfield	
2.3 STREET ADDRESS	3630 N.W. North River DR.	
2.4 CITY-ST-ZIP	Miami, FL 33142	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dick Bunnell	
3.3 STREET ADDRESS	7801 N.W. 66 Ct.	
3.4 CITY-ST-ZIP	Miami, FL 33166	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rick Reid	
4.3 STREET ADDRESS	3201 N.W. 24 St. Rd.	
4.4 CITY-ST-ZIP	Miami, FL 33142	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JORDAN MONOCANDILOS	
5.3 STREET ADDRESS	3201 N.W. 24 ST	
5.4 CITY-ST-ZIP	Miami, FL 33142	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: **James W. Brown** 1/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)