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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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MIAMI RIVER MARINE GROUP CORP.

Principal Place of Business Mailing Address 690 SW 1 COURT 2ND COURT 2ND FLOOR MIAMI FL 33130 MIAMI FL 33130 US					
		MIAMI FL 33130		3. Date Incorporated or Qualified 06/20/1990	3a. Date of Last Report 04/04/1995
2. Principal Pl	lace of Business	2a Mailing Address		4. FEI Number	Applied For
21		26		65-0204995	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip □ I	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
** *	9. Name and Address of Cur	rent Hegistered Agent	81 Name 4	10. Name and Address of New Re	gistered Agent
-015 SW Miami s Miami f	I, JAMES W 1 2ND AVE #206 SHIPYARDS FL 33130		84 City	AMES W. BRIWN ddress (P.O. Box Number Is Not Acceptable D. S.W. 1 - COURT D'AMI SHIP SCRV. MIAMI	FL 85 Zip Code 32,730
or register	red agent, or both, in the State of F	Jorida, Puak Abarran was a dhada	es, trie above-named con	poration submits this statement for the purple and of directors. Thereby accept the appoint	iose of changing its registered office intment as registered agent. I am
SIGNATURE	red agent, or both, in the State of Fi ith, and accept the obligations of, Si JAMES W. BR Signature, typed or purbud name of registered as	OWN gentralisat fragisticatión (NO	TE: Registered Agent signature req		DATE
SIGNATURE	James W. Brain Syndron, typed or purport name of registered a OFFICERS A	OWN gent and the Faget states (NO AND DIRECTORS		pared when reinstatings ADOITIONS/CHANGES TO OFFICE	DATE
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SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP	JAMES W. BRI Stricture, typed or period ranie of resistered as OFFICERS / D REID, RICK 4201 NW SOUTH HIVER MIAMI FL 33142	OWN gant and true Lappingations AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	pured when revisibling. ADDITIONS/CHANGES TO OFFICE DIRECTOR. Bill Parkes P.O. Box 13079 Ff. Lawderdale, FL 3	DATE CEES AND DIRECTORS IN 12 Change Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR