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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N40390** **(9)**

1. Corporation Name

METRO ACQUATIC SWIMMING FOUNDATION, INC.

Principal Place of Business	Mailing Address
PALM BAY TOWERS - 8N 720 N.E. 69TH STREET MIAMI FL 33138	PALM BAY TOWERS - 8N 720 N.E. 69TH STREET MIAMI FL 33138-5738

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0229648 ☐ 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

9. Name and Address of Current Registered Agent

DI FALCO, JACQUELINE
PALM BAY TOWERS - 8N
720 N.E. 69TH STR.
• MIAMI FL 33138
•

10. Name and Address of New Registered Agent

81 Name: JACKI RILEY
82 Street Address (P.O. Box Number is Not Acceptable): 12501 N. West 2d Street
83
84 City: Miami FL 85 Zip Code: 33182

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: JACKI RILEY (Signature, typed or printed name of registered agent and title if applicable.) Jacqueline Riley (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director / President	☒ Change ☐ Addition
NAME	UIPAN, TONY		1.2 NAME	Antonio J. Uipan	
STREET ADDRESS	2420 S.W. 108TH PLACE		1.3 STREET ADDRESS	8923 S.W. 102nd Place	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP	Miami, Fl	
TITLE	D	☒ DELETE	2.1 TITLE	Director / Vice President	☒ Change ☒ Addition
NAME	PASTORIZA, TERRY		2.2 NAME	Mrs. Debra A. Perez	
STREET ADDRESS	1876 SOUTH MIAMI AVE		2.3 STREET ADDRESS	1160 Quail Ave	
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY-ST-ZIP	Miami Springs, Fl 33166	
TITLE	D	☒ DELETE	3.1 TITLE	Director / Secretary	☒ Change ☐ Addition
NAME	SUAREZ, REGINA		3.2 NAME	Mrs. Martha Rivera	
STREET ADDRESS	13106 S.W. 2ND TERRACE		3.3 STREET ADDRESS	12240 S.W. 2nd St.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl 33182	
TITLE	D	☒ DELETE	4.1 TITLE	Director / Treasurer	☒ Change ☒ Addition
NAME	DIFALCO, JACQUELINE		4.2 NAME	JACKI RILEY	
STREET ADDRESS	720 N.E. 69TH STREET		4.3 STREET ADDRESS	12501 N. West 2d St	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI-FL.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002193652	
STREET ADDRESS			6.3 STREET ADDRESS	-05/28/97--01085--006	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	

5/15/97

CR2E037 (9/96)

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: Jacqueline Riley REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029392