FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1998~~ 2001

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

FILED
01 SEP 10 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40390 (9)

1. Corporation Name
METRO AQUATIC SWIMMING FOUNDATION, INC.

Principal Place of Business: ~~9840 SW 60th Ct Miami, FL 33156~~ ~~12501 N. West 2 Street Miami, FL 33182~~

Mailing Address: 9840 SW 60th Ct Miami, FL 33156 ~~12501 N. West 2 Street Miami, FL 33182~~

3. Date Incorporated or Qualified: 10/15/1990

4. FEI Number: 65-0229648 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~RILEY, JACQUELINE~~
~~12501 N. WEST 2D STREET~~
~~MIAMI FL 33182~~
LS

10. Name and Address of New Registered Agent

81 Name: William E. Smiddy
82 Street Address (P.O. Box Number is Not Acceptable): 9840 SW 60th Ct
83
84 City: Miami FL 85 Zip Code: 33156

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: [signature] DATE: 8-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	UIPAN, TONY	
STREET ADDRESS	8923 S.W. 102ND PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	☒ DELETE
NAME	PEREZ, DEBRA A MRS	
STREET ADDRESS	1160 QUAIL AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DS	☒ DELETE
NAME	RIVERA, MARTHA	
STREET ADDRESS	12240 S.W. 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	DT	☒ DELETE
NAME	RILEY, JACKI	
STREET ADDRESS	12501 N. WEST 2D STR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	William Smiddy	
1.3 STREET ADDRESS	9840 SW 60th Ct	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE	DVP	☐ Change ☒ Addition
2.2 NAME	Odalys Hayes	
2.3 STREET ADDRESS	18505 SW 197th Ave	
2.4 CITY-ST-ZIP	Miami, FL 33187	
3.1 TITLE	DS	☐ Change ☒ Addition
3.2 NAME	Margarita Del Corro	
3.3 STREET ADDRESS	10015 SW 2nd Terrace	
3.4 CITY-ST-ZIP	Miami, FL 33174	
4.1 TITLE	DT	☐ Change ☐ Addition
4.2 NAME	Xiomara Lee	
4.3 STREET ADDRESS	2380 SW 80 Ct	
4.4 CITY-ST-ZIP	Miami, FL 33155	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	000004596660--3	
5.3 STREET ADDRESS	-09/18/01--01030--012	
5.4 CITY-ST-ZIP	*****70.00 *****70.00	
6.1 TITLE		☐ Change ☐ Addition
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.

SIGNATURE: [signature] William E. Smiddy 8-30-01