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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N47660 (8)

1. Corporation Name

THE MIAMI RIVER NEIGHBORHOOD RESTORATION CORPORATION, INC.

Principal Place of Business	Mailing Address
118 S.W. SOUTH RIVER DR. MIAMI FL 33130	200 S. BISCAYNE BOULEVARD SUITE 2800 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0328083 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1700
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROHAN, LAURENCE J.
6101 S.W. 76 ST.
SOUTH MIAMI FL 33143

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, ERNEST	12 NAME	
STREET ADDRESS	1000 NW NO. RIVER DR. #114	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	TURNER, DAVID	22 NAME	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, ~~#2800~~	23 STREET ADDRESS	Suite 1700
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MACINTYRE, FRANCES	32 NAME	
STREET ADDRESS	1835 S. BAYSHORE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, MATTHEW	42 NAME	
STREET ADDRESS	330 BISCAYNE BOULEVARD, PH 11TH FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHN	52 NAME	
STREET ADDRESS	9350 S. DIXIE HWY	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	~~PACHECO, BERTHA~~	62 NAME	CARLOS CAPOTE
STREET ADDRESS	~~1980 SW 2ND ST~~	63 STREET ADDRESS	260 SW 6th STREET
CITY-ST-ZIP	~~MIAMI FL 33135~~	64 CITY-ST-ZIP	MIAMI, FL

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 the 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: E Mark 3/9/95 305 3258730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004004