

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

DOCUMENT # N47660 (8)

1. Corporation Name

THE MIAMI RIVER NEIGHBORHOOD RESTORATION CORPORATION, INC.

Principal Place of Business

118 S.W. SOUTH RIVER DR.  
MIAMI FL 33130

Mailing Address

200 S. BISCAYNE BOULEVARD  
SUITE 1700  
MIAMI FL 33131  
US



3. Date Incorporated or Qualified  
03/02/1992

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MARTIN, ERNEST  
CITY-ST-ZIP 1000 NW NO. RIVER DR. #114  
MIAMI FL 33136

11 TITLE ☐ Change ☐ Addition  
12 NAME D  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TURNER, DAVID  
CITY-ST-ZIP 200 S BISCAYNE BOULEVARD, SUITE 1700  
MIAMI FL

21 TITLE ☐ Change ☐ Addition  
22 NAME D  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MACINTYRE, FRANCES  
CITY-ST-ZIP 1835 S. BAYSHORE DRIVE  
MIAMI FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS SCHWARTZ, MATTHEW  
CITY-ST-ZIP 330 BISCAYNE BOULEVARD, PH 11TH FLOOR  
MIAMI FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS ADAMS, JOHN  
CITY-ST-ZIP 9350 S. DIXIE HWY  
MIAMI FL 33156

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CAPOTE, CARLOS  
CITY-ST-ZIP 260 SW 6TH STREET  
MIAMI FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Capote, Director

4/26/96

Date

Daytime Phone #

CR2E037 (12/95)