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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48921** (3)

1. Corporation Name

**THE EDGEWATER ECONOMIC DEVELOPMENT CORPORATION,
INC.**

Principal Place of Business

**2697 BISCAYNE BLVD
MIAMI FL 33137**

Mailing Address

**2697 BISCAYNE BLVD
MIAMI FL 33137-4533**3. Date Incorporated or Qualified
05/15/19923a. Date of Last Report
04/29/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.4. FEI Number
65-0343976

Applied For

Not Applicable

22
City & State**27**
City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required**23**
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**24****25****29****30**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

**DIAZ, BENITO H.
2655 LEJUNE ROAD
#805
MIAMI FL 33134**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	JANE, JUAN B.	
STREET ADDRESS	485 SW 84TH AVE	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. V. VELASCO
1.3 STREET ADDRESS	7501 SW 99th
1.4 CITY - ST - ZIP	MIAMI, FL 33173

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KOHL, MIGUEL	
STREET ADDRESS	720 NE 27TH STREET	
CITY - ST - ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARMANDO R.	
STREET ADDRESS	410 N.E. 28TH ST.	
CITY - ST - ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	TT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, FELIX, R.	
STREET ADDRESS	411 N.E. 25TH ST.	
CITY - ST - ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZ, ORLANDO	
STREET ADDRESS	245 NE 26 TERR	
CITY - ST - ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORES, JUAN L	
STREET ADDRESS	716 SW 7TH ST. 4	
CITY - ST - ZIP	MIAMI FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028254

305-223-8600 (X-146)

CR2E037 (9/96)