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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000843

1. Corporation Name

VOLUNTEER SEA-WATCHERS OF MIAMI, INC.

Principal Place of Business

25 SE 2ND AVE
 SUITE 201
 MIAMI FL 33131
 US

Mailing Address

25 SE 2ND AVE
 SUITE 201
 MIAMI FL 33131
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 25 SE 2ND AVE	26 25 SE 2ND AVE	03/09/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 SUITE 410	27 SUITE 410	65-0481185
City & State	City & State	Applied For
23 MIAMI, FL	28 MIAMI, FL	☐ Not Applicable
Zip	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 33131	29 33131	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution ☐
25	30	

9. Name and Address of Current Registered Agent

VEGA, JOSE M
25 SE 2ND AVE.
SUITE 201
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	VEGA, JOSE M
82 Street Address (P.O. Box Number is Not Acceptable)	25 SE 2ND AVE
83 Suite	SUITE 410
84 City	MIAMI, FL
85 Zip Code	33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	VEGA, JOSE M	1.2 NAME	VEGA, JOSE M
STREET ADDRESS	25 SE 2ND AVE. #201	1.3 STREET ADDRESS	25 SE 2ND AVE SUITE 410
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SIBILA, JORGE	2.2 NAME	AL MIRALL, FRANCISCO
STREET ADDRESS	2246 SW 1ST ST.	2.3 STREET ADDRESS	25 SE 2ND AVE # 410
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI - FL 33131
TITLE	VPD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARADIT, AMERICO	3.2 NAME	
STREET ADDRESS	950 NW 11TH ST-3B	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 amendment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

JOSE M. VEGA / PRES. X 3-24-99 (305) 539-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose M. Vega
 PRES

CR2E037 (5/1/99)