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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

N93000003386 (0)

DOCUMENT #	N930000338
MIAMI'S RIVER OF I	LIFE INC.

Principal Place	e of Business	Mailing Address			-					
7900 N.E. 2ND AVE. # 504 Miami Fl 33138		7900 N.E. 2ND AVE. # 504 MIAMI FL 33138								
						3. Date Incorpor 07/28/	rated or Qualified 1993	За.	Date of Las 05/01/	
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 65-042				Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of	· · · · · · · · · · · · · · · · · · ·	133	\$8.7	Not Applicab 5 Additional
City & State	0	City & State				6. Election Camp	naigo Financino			Required
Zip	Country	28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Co	-			00 May Be ed to Fees
ا ا	Country 25	Z _I p	Coun	itry		8. This corporati	on has liability for	intangible	tax under s	
J	9. Name and Address of Curren		30			Florida Statute 10. Name and A	ddraes of New F	Yes [] No	
			1	B1	Name	to, radino dile es	OU1002 O1 140M 1	registere.	Agent	· · · · · · · · · · · · · · · · · · ·
ELLIS, (GEORGE E JR		ļ.	B2	Stroot Arkite	ess (P.O. Box Numbe	and the state of t			
	NW 17TH AVE				Street Addi-	ess (P.O. Box Numbe	er is Not Acceptat	ole)		
OPA LO	OCKA FL 33054		1	83						-··
					City					p Code
 Pursuant to or register. 	to the provisions of Sections 617,0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Statute	s, the abovi	—⊥. e∙na	amed corpora	ation submits this stat	tement for the pur	pose of ch	anoino its	registered off
familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	on 617.0503, Florida Statutes.	ia by the co	rpor	ration's boar	d of directors. I hereb	y accept the app	ointment a	s registered	agent. I am
IGNATURE _										
	Signature, typed or printed name of registered agent a	acci fitte if applicable 6101	4 6							
				gent s	signature required			DATE		
2.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/C	HANGES TO OFF	ICE RS AN		
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