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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000003386 (0)

1. Corporation Name

MIAMI'S RIVER OF LIFE INC.

Principal Place of Business	Mailing Address
7800 N.E. 2ND AVE. # 504 MIAMI FL 33138	7900 N.E. 2ND AVE. # 504 MIAMI FL 33138-4424

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 04/12/1996

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

4. FEI Number: 65-0427110 ☐ 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

ELLIS, GEORGE E JR
13520 NW 17TH AVE
OPA LOCKA FL 33054

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 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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, GEORGE E JR		1.2 NAME	
STREET ADDRESS	13520 NW 17TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON YOLANDA C.		2.2 NAME	
STREET ADDRESS	6339 NW 195TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, CECIL		3.2 NAME	
STREET ADDRESS	17955 NW 43RD CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS VICTOR		4.2 NAME	
STREET ADDRESS	1995 NW 175TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33054		4.4 CITY-ST-ZIP	
TITLE	SECD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, KAREN		5.2 NAME	
STREET ADDRESS	200 NW 143RD STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		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	

CR2E037 (9/96)

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: _____ 3/31/97 (305) 757-6548