FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State
06-21-1999 90007 003 ****61.25

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DOCUMENT # N93000003386

1. Corporation Name
MIAMI'S RIVER OF LIFE INC.

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 07/28/1993

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

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	President & CEO	☑ Change ☐ Addition
NAME	ELLIS, GEORGE E JR		1.2 NAME	Ellis, George Jr.	
STREET ADDRESS	13520 NW 17TH AVE		1.3 STREET ADDRESS	13520 NW 17th Ave	
CITY-ST-ZIP	OPA LOCKA FL		1.4 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	CD	☐ DELETE	2.1 TITLE	Chairperson D	☑ Change ☐ Addition
NAME	JACKSON YOLANDA C.		2.2 NAME	Cecil Lamb	
STREET ADDRESS	8339 NW 195TH TERRACE		2.3 STREET ADDRESS	9331 SW 7th Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VC	☐ DELETE	3.1 TITLE	Vice Chairperson	☑ Change ☐ Addition
NAME	LAMB, CECIL		3.2 NAME	Dr. William Campbell, MD	
STREET ADDRESS	17955 NW 43RD CT		3.3 STREET ADDRESS	10221 NW 16th Street	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer D	☑ Change ☐ Addition
NAME	FIELDS VICTOR		4.2 NAME	Jessie Houston	
STREET ADDRESS	1995 NW 175TH ST.		4.3 STREET ADDRESS	2211 NW 191st Terrace	
CITY-ST-ZIP	CAROL CITY FL 33054		4.4 CITY-ST-ZIP	Miami, FL 33056	
TITLE	SECD	☐ DELETE	5.1 TITLE	Secretary D	☑ Change ☐ Addition
NAME	MOORE, KAREN		5.2 NAME	Howard Carter	
STREET ADDRESS	200 NW 143RD STREET		5.3 STREET ADDRESS	9320 SW 6th Court	
CITY-ST-ZIP	MIAMI LAKES FL		5.4 CITY-ST-ZIP	Pembroke Pines, FLorida 33025	
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 (11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/99 (305) 756-6587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #