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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 01, 1999 8:00 am
Secretary of State
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1. Corporation Name

MIAMI FOUNDATION FOR THE SUPPORT OF AMATEUR GYMN ASTICS COMPETITION, INC.

Principal Place of Business	Mailing Address
12422 SW 117TH COURT MIAMI FL 33186	12422 SW 117TH COURT MIAMI FL 33186

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **06/06/1994**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **65-0508086** — Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip **24** Country **25**	Zip **29** Country **30**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POUCHET, PRICILLA 11345 SW 108 COURT MIAMI FL 33176	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 reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **DT** ☒DELETE NAME **CHANDLER, SUSAN** STREET ADDRESS **16755 SW 301 ST** CITY-ST-ZIP **MIAMI FL 33030**	1.1 TITLE *TREASURER* ☐ Change ☒ Addition 1.2 NAME *SHELLEY MITZNER* 1.3 STREET ADDRESS *9721 SW 148 STREET* 1.4 CITY-ST-ZIP *MIAMI FL 33176*
TITLE **DS** ☐ DELETE NAME **NEWLAND, BELVIA** STREET ADDRESS **11380 SW 128 ST** CITY-ST-ZIP **MIAMI FL 33176**	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE **DP** ☐ DELETE NAME **POUCHET, PRICILLA** STREET ADDRESS **11345 SW 108 COURT** CITY-ST-ZIP **MIAMI FL 33176**	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ~~TREASU~~ ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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: *Pricilla E Pouchet* PRICILLA E POUCHET 2/8/99 305 234 3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #