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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003030 (3)

1. Corporation Name

MIAMI STORM, INC.



Principal Place of Business	Mailing Address
1540 LUGO AVE. CORAL GABLES FL 33156	1540 LUGO AVE. CORAL GABLES FL 33156

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8335 SW 132 ST.
Suite, Apt. #, etc.

26 PO Box 562352
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL.

28 MIAMI FL.

24 Zip

Country

29 Zip

Country

33156

USA

33156

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANKOW, DAN
1540 LUGO AVE.
CORAL GABLES FL 33156

81 Name **MARK E. MOGENSEN**
82 Street Address (P.O. Box Number is Not Acceptable)
8335 SW 132 STREET
83
84 City **MIAMI** **FL** 85 Zip Code **33156**

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]
Signature typed or printed name of registered agent and title if applicable.

MARK E. MOGENSEN **PRESIDENT** **4/30/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RANKOW, DAN	
STREET ADDRESS	1540 LUGO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIRKPATRICK, JOHN	
STREET ADDRESS	13355 S.W. 58 CT.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOUCHARD, KIM	
STREET ADDRESS	8475 S.W. 103 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK E. MOGENSEN	
1.3 STREET ADDRESS	8335 SW 132 STREET	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE POLSTEIN	
2.3 STREET ADDRESS	9035 SW 96 STREET	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE	50	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AL GUFFANTI	
3.3 STREET ADDRESS	10260 SW 111 ST.	
3.4 CITY-ST-ZIP	MIAMI FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 located 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:

[Signature]

4/30/98 801-233-6000

CR2E037 (10/97)