

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # N95000002727 (4)

1. Corporation Name

MIAMI ISLANDERS SPORTS & CULTURAL CLUB, INC.

Principal Place of Business

Mailing Address

16823 N.W. 53RD AVE.
MIAMI FL 33055

16823 N.W. 53RD AVE.
MIAMI FL 33055-4024

3. Date Incorporated or Qualified
06/12/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 13550 So. Biscayne Rv. Dr. 26 13550 So. Biscayne Rv. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33161

25

29 33161

30

4. FEI Number
65-0588960

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

10. Name and Address of New Registered Agent

HENRY, RICHARD
16823 N.W. 53RD AVE.
MIAMI FL 33055

81 Name ANDRE Mc FARLANE

82 Street Address (P.O. Box Number is Not Acceptable)
13550 So. Biscayne River Dr.

83

84 City Miami

FL

85 Zip Code 33161

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] PRESIDENT.

3/12/97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCFARLANE, ANDRE
STREET ADDRESS 13550 S. BISCAYNE RIVER DR.
CITY-ST-ZIP MIAMI FL 33161

TITLE VD ☐ DELETE

NAME ATKINS, PETER
STREET ADDRESS 367 ANSIN BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TD ☐ DELETE

NAME HENRY, RICHARD
STREET ADDRESS 16823 N.W. 53RD AVE.
CITY-ST-ZIP MIAMI FL 33055

TITLE SD ☐ DELETE

NAME MAXWELL, DIONE
STREET ADDRESS 13101 N.E. 6TH AVE., #210
CITY-ST-ZIP N. MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: [Signature] PRESIDENT.

3/12/97

CR2E037 (9/96)