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Mar 12 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 # N96000002574 (9)

1. Corporation Name

THE MARINE INDUSTRIES ASSOCIATION OF DADE COUNTY
, INC.

Principal Place of Business

Mailing Address

520 WEST AVENUE
MIAMI BEACH FL 33139

520 WEST AVENUE
MIAMI BEACH FL 33139-6307



3. Date Incorporated or Qualified
05/14/1996

3a. Date of Last Report
NONE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

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

LANGER, ELLEN S
520 WEST AVENUE
MIAMI BEACH FL 33139

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 PD
NAME BULLARD, ASHTON J
STREET ADDRESS 2401 A NW 33 AVE
CITY - ST - ZIP MIAMI FL 33142

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE TD
NAME LANGER, ELLEN S
STREET ADDRESS 1090 NE 84TH ST
CITY - ST - ZIP MIAMI FL 33183

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME REDONDO, LUIS M
STREET ADDRESS 18461 NE 20 PL
CITY - ST - ZIP N MIAMI BEACH FL 33179

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME RAY, DAVID D
STREET ADDRESS 605 BLUE RD
CITY - ST - ZIP CORAL GABLES FL 33146

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME D'IPPOLITO, ANTHONY J
STREET ADDRESS 5511 SW 164 TERR
CITY - ST - ZIP FT LAUDERDALE FL 33331

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME DAVIS, BERNARD
STREET ADDRESS 17847 NW 86 CT CIRCLE
CITY - ST - ZIP HIALEAH FL 33015

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

Ellen Langer ELLEN LANGER

1-4-97

305-692-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027262

CR2E037 (9/96)