


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 31 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N97000000169 <b>1. Corporation Name</b> Miami Dade Swim Club			
<b>Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>Mailing Address</b> P.O. Box 16-2356 miami, FL 33116-2356	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 P.O. Box 16-2356 27 Suite, Apt. #, etc. 28 Miami, FL 33116 29 Zip Country U.S.A.	
<b>3. Date Incorporated or Qualified</b> Jan 13 1997		<b>4. FEI Number</b> 65-0754663 Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> ms. Grisel Velasco 16130 S.W. 111th Miami, FL 33196		<b>10. Name and Address of New Registered Agent</b> 81 Name Ms. Grisel Velasco 82 Street Address (P.O. Box Number is Not Acceptable) 16130 S.W. 111th 83 City Miami, FL 33196 84 State FL 33196	
<b>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.</b> <b>SIGNATURE</b> <i>Grisel Velasco</i> <b>DATE</b> 7-1-98			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> President-D <input type="checkbox"/> DELETE <b>NAME</b> ms. Grisel Velasco <b>STREET ADDRESS</b> 16130 S.W. 111th <b>CITY-ST-ZIP</b> Miami, FL 33196		<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b> Vice President-D <input type="checkbox"/> DELETE <b>NAME</b> ms. Carolyn McArthur <b>STREET ADDRESS</b> 12875 S.W. 192nd St <b>CITY-ST-ZIP</b> Miami, FL 33177		<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b> Secy/Treasurer-D <input type="checkbox"/> DELETE <b>NAME</b> PAT Gladieux (ms.) <b>STREET ADDRESS</b> 17730 S.W. 92 Ave <b>CITY-ST-ZIP</b> Miami, FL 33157		<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	
<b>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.</b> <b>SIGNATURE:</b> <i>Pat Gladieux</i> <b>DATE</b> 7-1-98 (305)3786838			

CR2E037 (10/97)