FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10:35

DOCUMENT # P93000040258 (4)

1. Corporate Name

MIAMI OLYMPIAN SWIM TEAM, INC.

Principal Place of Business: 4404 PONCE DE LEON BLVD, MIAMI FL 33146-1831

Mailing Address: 4404 PONCE DE LEON BLVD, MIAMI FL 33146-1831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993

3a. Date of Last Report: 06/13/1994

4. FEI Number: 65-0418182 — 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

2. Principal Place of Business (21–25) | 2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

SHINDLER, RONALD D ESQ
175 NW FIRST AVE
SUITE 1100
MIAMI FL 33128

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRAUSS, ROBERT
STREET ADDRESS	4404 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	MIAMI FL
TITLE	VS
NAME	STRAUSS, JENNIE
STREET ADDRESS	4404 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

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 report or supplemental 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 607, Florida Statutes.

SIGNATURE: Jennie Strauss — 5/3/95 — (305) 444-5168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0189743 CP