

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000028296 (8)  
 1. Corporation Name  
**MIAMI FERRY CONTRACTORS, INC.**

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5002 N.W. 36th Street	26	P.O. Box 520782	04/10/95	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0635231	
City & State		City & State		Applied For	
23 Miami, Florida		28 Miami, Florida		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	33152	25	USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
33152-0782		USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Filings, Inc.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3732 N.W. 16th Street					
Fort Lauderdale, Florida 33311					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Filings, Inc.				81 Name			
3732 N.W. 16th Street				82 Street Address (P.O. Box Number is Not Acceptable)			
Fort Lauderdale, Florida 33311				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: \_\_\_\_\_ (Signature of person performing duties of registered agent and filer) \_\_\_\_\_ (Signature of Registered Agent required when reinstating) \_\_\_\_\_ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vito La Forgia	1.2 NAME	
STREET ADDRESS	5002 N.W. 36th Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33152	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saul J. Sack	2.2 NAME	
STREET ADDRESS	5002 N.W. 36th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33152	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony La Forgia	3.2 NAME	
STREET ADDRESS	5002 N.W. 36th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33152	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent La Forgia	4.2 NAME	
STREET ADDRESS	5002 N.W. 36th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33152	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, with an address.

SIGNATURE: Saul J. Sack Saul J. Sack, Sec'y 4/27/98 305-871-5557  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/YEAR

CR2E034 (10/97)

*Handwritten initials and date: JS/27*

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