

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90211 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028296

1. Corporation Name
MIAMI FERRY CONTRACTORS, INC.



Principal Place of Business 5002 NW 36TH STREET MIAMI FL 33152	Mailing Address PO BOX 520782 MIAMI FL 33152-0782
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3814 Curtiss Parkway Suite, Apt. #, etc. 22 City & State 23 Virginia Gardens FL Zip Country 24 33166 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date incorporated or Qualified 04/10/1995	Applied For Not Applicable
4. FEI Number 65-0635231	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	Saul J. Sack
82 Street Address (P.O. Box Number is Not Acceptable)	3814 Curtiss Parkway
83	
84 City	Virginia Gardens FL
85 Zip Code	33166

11. Pursuant to the provisions of Sections 607.0507 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: *Saul J. Sack, Secretary April 27, 1999*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LA FORGIA, VITO	
STREET ADDRESS	5002 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SACK, SAUL J	
STREET ADDRESS	5002 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LA FORGIA, ANTHONY	
STREET ADDRESS	5002 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LA FORGIA, VINCENT	
STREET ADDRESS	5002 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3814 Curtiss Parkway
1.4 CITY-ST-ZIP	Virginia Gardens FL 33166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3814 Curtiss Parkway
2.4 CITY-ST-ZIP	Virginia Gardens FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3814 Curtiss Parkway
3.4 CITY-ST-ZIP	Virginia Gardens FL 33166
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3814 Curtiss Parkway
4.4 CITY-ST-ZIP	Virginia Gardens FL 33166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Saul J. Sack, Secretary 4/27/99 305-275557*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)