

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-06-1999 90211 032 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

65-0635231

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3814 Curtiss Parkway

Suite, Apt. #, etc.

22

City & State

23 Virginia Gardens FL

Zip

24 33166

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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, on oath, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PC
LA FORGIA, VITO
STREET ADDRESS
5002 NW 36TH STREET
CITY-ST-ZIP
MIAMI FL 33152

TITLE ☐ DELETE

NAME
S
SACK, SAUL J
STREET ADDRESS
5002 NW 36TH STREET
CITY-ST-ZIP
MIAMI FL 33152

TITLE ☐ DELETE

NAME
T
LA FORGIA, ANTHONY
STREET ADDRESS
5002 NW 36TH STREET
CITY-ST-ZIP
MIAMI FL 33152

TITLE ☐ DELETE

NAME
VP
LA FORGIA, VINCENT
STREET ADDRESS
5002 NW 36TH STREET
CITY-ST-ZIP
MIAMI FL 33152

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
3814 Curtiss Parkway
Virginia Gardens FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3814 Curtiss Parkway
Virginia Gardens FL 33166

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3814 Curtiss Parkway
Virginia Gardens FL 33166

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
3814 Curtiss Parkway
Virginia Gardens FL 33166

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0222294