

5/5/98 B-6415 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000079949 (9)**  
 1. Corporation Name  
**MIAMI RIVER LINES, LTD, INC.**



Principal Place of Business: **3701 NW SOUTH RIVER DRIVE MIAMI FL 33142**  
 Mailing Address: **3701 NW SOUTH RIVER DRIVE MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1996**

4. FEI Number: **65-0697187** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**PARRA, CARLOS A**  
**3701 NW SOUTH RIVER DRIVE**  
**MIAMI FL 33142**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE:  DELETE  
 NAME: **D PARRA, CARLOS A**  
 STREET ADDRESS: **3701 NW SOUTH RIVER DRIVE**  
 CITY-ST-ZIP: **MIAMI FL 33142**

TITLE:  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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: **President Parra, Carlos A.**  
 1.3 STREET ADDRESS: **3701 NW South River Dr.**  
 1.4 CITY-ST-ZIP: **MIAMI, FL 33142**

2.1 TITLE:  Change  Addition  
 2.2 NAME: \_\_\_\_\_  
 2.3 STREET ADDRESS: \_\_\_\_\_  
 2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE:  Change  Addition  
 3.2 NAME: \_\_\_\_\_  
 3.3 STREET ADDRESS: \_\_\_\_\_  
 3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE:  Change  Addition  
 4.2 NAME: \_\_\_\_\_  
 4.3 STREET ADDRESS: \_\_\_\_\_  
 4.4 CITY-ST-ZIP: \_\_\_\_\_

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 any attachment with an address.

SIGNATURE:  DATE: **04/03/98** (305) 633-2993

CR2E034 (10/97)