


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

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

05-06-1999 90259 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000054634</b> ✓ 1. Corporation Name <b>MIAMI SWIM TEAM, INC.</b>			
Principal Place of Business <b>4910 S.W. 93rd Court</b> <b>Miami, Florida 33165</b>		Mailing Address <b>4910 S.W. 93rd Court</b> <b>Miami, Florida 33165</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <b>1200 Brickell Avenue</b> 27 Suite, Apt. #, etc. 28 <b>Suite 900</b> 29 City & State 30 <b>Miami, Florida</b> 31 Zip Country 32 <b>33131 USA</b>	
9. Name and Address of Current Registered Agent <b>Adams, Gallinar, Iglesias &amp; Meyer, P.A.</b> <b>701 Brickell Avenue, Suite 2150</b> <b>Miami, Florida 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>AGIM Registered Agents, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Avenue, Suite 900</b> 83 <b>RRA</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>	
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 <i>Andres F. De Angulo</i> <b>President</b> <b>AGIM Registered Agents, Inc.</b> <b>4/27/99</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Andres F. De Angulo</b> STREET ADDRESS <b>4910 S.W. 93rd Court</b> CITY-ST-ZIP <b>Miami, FL 33165</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 <b>P,S,T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)