

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 18 PM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # 725733 (0)
1. Corporation Name
SAN JUAN SOCIAL CLUB, INC.

Principal Place of Business Mailing Address
13025 NW 10 AVENUE MIAMI FL 33168 **20270 NE 3RD CT C/O COLON. BLDG. 5 N. MIAMI FL 33170 US**

3. Date Incorporated or Qualified **03/06/1973** 3a. Date of Last Report **01/31/1994**

4. FEI Number **59-2126314** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 750 W 80 St **26 8341 N W 19 St**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 c/o Rivera **27 c/o Orloff**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State City & State
23 Hialeah Fl **28 Pembroke Pines Fl**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$58.75 Supplemental Fee Not Required**

Zip Country Zip Country
24 33014 25 USA **29 33024 30 USA**

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SANABRIA, LILLIAM
1470 N.E. 123RD ST., APT. 208
MIAMI FL 33161**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Apt 1215
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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	FIGUEROA, SYLVIA	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4821 NW 195 TERR	1.2 NAME LOUISE ROJAS	
STREET ADDRESS	CAROL CITY FL	1.3 STREET ADDRESS 6921 N W 24 CT	
CITY - ST - ZIP		1.4 CITY - ST - ZIP SUNRISE FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	BRACHE, MAYRA L	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15651 SW 144 FL	2.2 NAME IDA RODRIGUEZ	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS 1470 N E 123 ST APT 1215	
CITY - ST - ZIP		2.4 CITY - ST - ZIP N Miami FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SDT	RODRIGUEZ, JOSE	3.1 TITLE SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	75 NE 202 TERR, P-21	3.2 NAME same	
STREET ADDRESS	N. MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP 33179	
TITLE TD	BRACHE, JORGE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	156651 SW 144 PLACE	4.2 NAME MARIETTA ORLOFF	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS 8341 N W 19 St	
CITY - ST - ZIP		4.4 CITY - ST - ZIP PEMBROKE PINES FL 33024	
TITLE PD	COLON, JOSE	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	202070 NE 3RD COURT, BLDG 5	5.2 NAME LUIS RIVERA	
STREET ADDRESS	N. MIAMI BEACH FL	5.3 STREET ADDRESS 750 W 80 St	
CITY - ST - ZIP		5.4 CITY - ST - ZIP HIALEAH FL 33014	
TITLE VPD	CUEVAS, ELBA	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5410 NW 168 TERRACE	6.2 NAME FERDINAND CUEVAS	
STREET ADDRESS	CAROL CITY FL	6.3 STREET ADDRESS 5410 N W 168 TERR	
CITY - ST - ZIP		6.4 CITY - ST - ZIP CAROL CITY FL 33055	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(3)(A), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marietta Orloff marietta Orloff 4-12-95 305-432-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Marietta Orloff