

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **750 W 80 ST, C/O RIVEERA, HIALEAH FL 33014 US**
Mailing Address: **8341 NW 19 ST, C/O ORLOFF, PEMBROKE PINES FL 33024 US**

3. Date Incorporated or Qualified: **03/06/1973**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2126314**
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 has liability for intangible tax under s. 199.032, Florida Statutes: 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
**SANABRIA, LILLIAM
1470 N.E. 123RD ST
APT. 1215
MIAMI FL 33161**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROJAS, LOUISE	
STREET ADDRESS	6921 NW 24 CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, IDA	
STREET ADDRESS	1470 NE 123 ST APT 1215	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	75 NE 202 TERR, P-21	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORLOFF, MARIETTA	
STREET ADDRESS	8341 NW 19 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVERA, LUIS	
STREET ADDRESS	750 W 80 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CUEVAS, FERDINAND	
STREET ADDRESS	5410 NW 168 TERR	
CITY-ST-ZIP	CAROL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k), 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 4/15/96 432-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)