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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33024-3454 US
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3. Date Incorporated or Qualified 03/06/1973	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2126314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6921 N.W. 24 Court	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 Sunrise, Florida	27 City & State 28
24 Zip 33313	25 Country USA
29 Zip	30 Country

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 <i>SSD</i> <input type="checkbox"/> DELETE
NAME	ROJAS, LOUISE
STREET ADDRESS	6921 NW 24 CT
CITY-ST-ZIP	SUNRISE FL
TITLE	SD <i>TD</i> <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, IDA
STREET ADDRESS	1470 NE 123 ST APT 1215
CITY-ST-ZIP	N MIAMI FL
TITLE	SDT <input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	75 NE 202 TERR, P-21
CITY-ST-ZIP	N. MIAMI FL
TITLE	TD <i>STD</i> <input type="checkbox"/> DELETE
NAME	ORLOFF, MARIETTA
STREET ADDRESS	8341 NW 19 ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	PD <input checked="" 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 188 TERR
CITY-ST-ZIP	CAROL CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROJAS, LOUISE
1.3 STREET ADDRESS	6921 NW 24 CT
1.4 CITY-ST-ZIP	SUNRISE FL
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, IDA
2.3 STREET ADDRESS	1470 NE 123 ST APT 1215
2.4 CITY-ST-ZIP	N MIAMI FL
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CUEVAS, ELBA I.
3.3 STREET ADDRESS	17900 N.W. 67 Ave., Apt. A
3.4 CITY-ST-ZIP	Hialeah, Fla. 33015
4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ORLOFF, MARIETTA
4.3 STREET ADDRESS	8341 NW 19 ST
4.4 CITY-ST-ZIP	PEMBROKE PINES FL
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	.ROJAS, ANGEL
5.3 STREET ADDRESS	6921 N.W. 24 Ct.
5.4 CITY-ST-ZIP	Sunrise, Fla. 33313
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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* **4/7/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023849

CR2E037 (9/96)