

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6921 N.W. 24 COURT SUNRISE FL 33318 US	Mailing Address 8341 NW 19 ST C/O ORLOFF PEMBROKE PINES FL 33024 US
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3. Date Incorporated or Qualified 03/06/1973		
4. FEI Number 59-2126314	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1470 N.E. 123 Street Suite, Apt. #, etc. 22 Apt. 1215 City & State 23 No. Miami, FL USA Zip 24 33161	2a. Mailing Address 26 1470 N.E. 123 St. Suite, Apt. #, etc. 27 Apt. 1215 City & State 28 No. Miami, FL Zip 29 33161	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

81 Name SANABRIA, LILLIAM 1470 N.E 123RD ST APT. 1215 MIAMI FL 33101	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SSD	ROJAS, LOUISE <input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROJAS, LOUISE	1.2 NAME	Jose A. FIGUEROA
STREET ADDRESS	6921 NW 24 CT	1.3 STREET ADDRESS	4821 NW 195 Terr.
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Carol City, FL 33055
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, IDA	2.2 NAME	Ferdinand CUEVAS
STREET ADDRESS	1470 NE 123 ST APT 1215	2.3 STREET ADDRESS	5410 NW 168 Terr.
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	Carol City, FL 33055
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS, ELBA I	3.2 NAME	Elba I. CUEVAS
STREET ADDRESS	17900 N.W. 67 AVE., APT. A	3.3 STREET ADDRESS	5610 NW 206 Lane
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sub.S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLOFF, MARIETTA	4.2 NAME	Sylvia FIGUEROA
STREET ADDRESS	8341 NW 19 ST	4.3 STREET ADDRESS	4821 NW 195 Terr.
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	Carol City, FL 33055
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, ANGEL	5.2 NAME	Ida RODRIGUEZ
STREET ADDRESS	6921 N.W. 24 CT	5.3 STREET ADDRESS	1470 NE 123 St., Apt. 1215
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	No. Miami, FL 33161
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	Sub/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS, FERDINAND	6.2 NAME	Marietta ORLOFF
STREET ADDRESS	5410 NW 168 TERR	6.3 STREET ADDRESS	8341 NW 19 St.
CITY-ST-ZIP	CARDL CITY FL	6.4 CITY-ST-ZIP	Pembroke Pines, FL 33024

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ida Rodriguez 7/3/98 (305) 893-3662
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)