

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N50197 (5)  
1. Corporation Name  
MIAMI BOND CLUB, INC.



Principal Place of Business Mailing Address  
444 BRICKELL AVENUE SUITE 51-413 MIAMI FL 33131 US

3. Date Incorporated or Qualified  
07/29/1992  
4. FEI Number  
65-0702543  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
PRAHL, JOHN T  
3251 PONCE DE LEON BLVD.  
#150  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name  
Prah1, John T.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2801 Ponce de Leon Blvd.  
83 Suite 1155  
84 City  
Coral Gables FL 85 Zip Code  
33134

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 John T. Prah1 John T. Prah1 DATE 5/14/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABATE, HANS	
STREET ADDRESS	801 BRICKELL AVE. 7TH FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACOSTA, JOSE	
STREET ADDRESS	777 BRICKELL AVE., STE. 1150	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSNIER, EDWARD A	
STREET ADDRESS	2100 PONCE DE LEON BLVD. #PH	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, TED	
STREET ADDRESS	1401 BRICKELL AVENUE #1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUEMES, JULIO A	
STREET ADDRESS	2901 S. BAYSHORE DR. #2040	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>SINNERAN, DENNIS</del>	
STREET ADDRESS	<del>100 S.E. 2ND ST. #2800</del>	
CITY-ST-ZIP	<del>MIAMI FL 33131</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCKEY, DWIGHT	
1.3 STREET ADDRESS	3750 NW 87 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33158	
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		

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: Dwight Mckey DWIGHT MCKEY 5/15/98 305-717-5636

CR2E037 (10/97)