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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90008 008 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N50197**

1. Corporation Name  
**MIAMI BOND CLUB, INC.**

Principal Place of Business <b>444 BRICKELL AVENUE                  SUITE 51-413                  MIAMI FL 33131                  US</b>	Mailing Address <b>444 BRICKELL AVENUE                  SUITE 51-413                  MIAMI FL 33131                  US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>07/29/1992</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0702543</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PRAHL, JOHN T                  2801 PONCE DE LEON BLVD                  SUITE 1155                  CORAL GABLES FL 33134</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>OT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABATE, HANS</b>	1.2 NAME	<b>CARLOS BELL</b>
STREET ADDRESS	<b>801 BRICKELL AVE. 7TH FL</b>	1.3 STREET ADDRESS	<b>701 BRICKELL AVENUE, STE. 1250</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACOSTA, JOSE</b>	2.2 NAME	<b>SHANNON SMITH</b>
STREET ADDRESS	<b>777 BRICKELL AVE., STE. 1150</b>	2.3 STREET ADDRESS	<b>ONE BISCAYNE TOWER, STE. 3200</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33131</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUSNIER, EDWARD A</b>	3.2 NAME	<b>DAVID MCCOMBIE</b>
STREET ADDRESS	<b>2100 PONCE DE LEON BLVD. #PH</b>	3.3 STREET ADDRESS	<b>5901 MIAMI LAKES DR.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	<b>MIAMI LAKES, FLORIDA 33014</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNANDEZ, TED</b>	4.2 NAME	<b>JUAN WIS TORO</b>
STREET ADDRESS	<b>1401 BRICKELL AVENUE #1400</b>	4.3 STREET ADDRESS	<b>801 BRICKELL AVE. 7TH FL.</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL. 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUEMES, JULIO A</b>	5.2 NAME	<b>COREY AMON</b>
STREET ADDRESS	<b>2601 S. BAYSHORE DR. #2040</b>	5.3 STREET ADDRESS	<b>1001 BRICKELL BAY DRIVE, SUITE 2100</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEY, DWIGHT</b>	6.2 NAME	<b>DWIGHT MCKEY</b>
STREET ADDRESS	<b>3750 NW 87TH AVE</b>	6.3 STREET ADDRESS	<b>3750 NW 87TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	6.4 CITY-ST-ZIP	<b>MIAMI, FL. 33158</b>

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** *2/17/99* 305-318-5300 x279  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)