1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90278 011 ***150.00

FILED

L	OCOMENI	Ħ	58	97	(4()		
1.	Corporation Name			.			

ASSOCIATED MEMBERSHIP CLUB OF AMERICA, INC.

Principal Place of Business	Mailing Address					
2500 NW 79 AVE MIAMI FL 33122 US	2500 NW 79 AVE Miami Fl 33122 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
•			10/13/1978			
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For			
21	26		59-1851672 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent				
CONE, PERRY I 2500 NW 79TH AVE MIAMI FL 33122			Name Street Address (P.O. Box Number is Not Acceptable)			
		84	14 City S Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

	•				I						
SIGNATURE Standard Noved or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Signature, typed or printed name or registered agent and use in approache. (INCL., registered Agent Synthetic Modern Community)											
12.		1.1 TITLE	DC	X Change	Addition						
TITLE	,	1.2 NAME	ALVAREZ, JOSE M.								
NAME	ALVAREZ, JOSE MANUEL		2500 NW. 79th Avenue		ŀ						
STREET ADDRESS	2500 NW 79 AVE	1.3 STREET ADORESS	Miami, FL. 33122		Ì						
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIAMI, FL. JJIZZ	□ Chango	Addition						
TITLE	VTD DELETE .	2.1 TITLE		Change	☐ ¥00(to)(
NAME	TORGAS, ED S.	2.2 NAME									
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP									
TITLE	VDA DELETE	3.1 TITLE		Change	Addition						
NAME	SOTO, JOHN M	3.2 NAME									
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	•								
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP									
TITLE	S DELETE	4.1 TITLE		Change	☐ Addition						
NAME	CONE, PERRY I	4, 2 NAME									
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL 33122	4.4 CITY- ST-ZIP	·······								
TITLE	V DELETE	5.1 TITLE		Change	☐ Addition						
NAME	GONZALEZ, MARLEN	5.2 NAME									
STREET ADDRESS	2500 NW 79 AVE	5.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL	5.4 CITY+ST-ZIP									
TITLE	☐ DELETE	6.1 TITLE	P	☐ Change	X Addition						
NAME		6.2 NAME	FERNANDEZ, SERGIO								
STREET ADDRESS		6.3 STREET ADDRESS	2500 NW. 79th Avenue								
CITY-ST-7IP	<u> </u>	6.4 CITY-ST-ZIP	Miami, FL. 33122								

4. 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 607, 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 AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR

Date

R2F034 (11/98)