

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90007 034 ***150.00

DOCUMENT #96387

1. Corporation Name

CLUB MARKETING AND SALES, INC.



Principal Place of Business

NW 109 AVE
FL 33172

Mailing Address

2900 NW 109 AVE
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1981

4. FEI Number

59-2826356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AVRACH, STEPHEN J.
2900 NW 109 AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81. Name

Mario VIVES

82. Street Address (P.O. Box Number is Not Acceptable)

2900 NW 109 Avenue

83.

84. City MIAMI

FL

85. Zip Code 33172

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.

SIGNATURE

Mario Vives

3/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME VIVES, MARIO

STREET ADDRESS 2900 NW 109 AVE

CITY-ST-ZIP MIAMI, FL 00000

TITLE D ☐ DELETE

NAME MON, JOSE

STREET ADDRESS 1046 SW 71ST CT.

CITY-ST-ZIP MIAMI, FL 00000

TITLE ~~VPD~~ ☒ DELETE

NAME JIMENEZ, OMAR

STREET ADDRESS 3970 SW 130 AVE

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CARLIN, DONALD

STREET ADDRESS 3350 SOUTH DIXIE HIGHWAY

CITY-ST-ZIP MIAMI FL

TITLE ~~D~~ ☒ DELETE

NAME AVRACH, STEPHEN J.

STREET ADDRESS 2900 NW 109 AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-T-D ☐ Change ☒ Addition

1.2 NAME GREEN, Thomas A.
1.3 STREET ADDRESS 2900 NW 109 Avenue
1.4 CITY-ST-ZIP Miami, Fl 33172

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME ORTIZ, Rolando
2.3 STREET ADDRESS 2900 NW 109 Avenue
2.4 CITY-ST-ZIP MIAMI, Fl 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 REQUIRED MARIO VIVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

305-640-2440

Date

Daytime Phone #