

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 714046 (0)
1. Corporation Name
BIG FIVE CLUB, INC.

Principal Place of Business Mailing Address
9299 SW 7TH TERRACE MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1968	3a. Date of Last Report 04/06/1994
4. FEI Number 59-1231761	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
25 S.E. 2ND AVENUE, SUITE 830
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name 000001438500
82 Street Address (P.O. Box Number is Not Permitted) 03/24/95-01015-021
83 ****70.00 ****70.00
84 City FL
85 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.

SIGNATURE **000001438500**
Signature: Typed or printed name of registered agent and one of applicable (NOTE: Registered Agent signature required when mandatory)
03/24/95-01015-022

12. OFFICERS AND DIRECTORS	
TITLE VPD	NAME MORALES, SILVIO R.
STREET ADDRESS 11880 S.W. 46 ST.	CITY - ST - ZIP MIAMI FL
TITLE VPD	NAME RODRIGUEZ, LUIS D.
STREET ADDRESS 6666 S.W. 115 COURT, PH 408	CITY - ST - ZIP MIAMI FL
TITLE SD	NAME MARTINEZ, FERNANDO
STREET ADDRESS 7210 S.W. 86 AVE	CITY - ST - ZIP MIAMI FL
TITLE VSD	NAME MORALES, MANUEL R.
STREET ADDRESS 8190 SW 69 TERRACE	CITY - ST - ZIP MIAMI FL
TITLE TD	NAME CASTILLO, ERNESTO
STREET ADDRESS 327 S.W. 90 PLACE	CITY - ST - ZIP MIAMI FL
TITLE VTD	NAME ANDREWS, LOUIS
STREET ADDRESS 7521 S.W. 56 STREET	CITY - ST - ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE President/Director	12 NAME Andrews, Louis F.
13 STREET ADDRESS 7521 S.W. 56 St.	14 CITY - ST - ZIP Miami, FL. 33155
21 TITLE Vice President/Director	22 NAME Martinez, Fernando
23 STREET ADDRESS 7210 S.W. 88 Ave.	24 CITY - ST - ZIP Miami, FL. 33143
31 TITLE Secretary/ Director	32 NAME Morales, Manuel R.
33 STREET ADDRESS 8190 S.W. 69 Terr.	34 CITY - ST - ZIP Miami, FL. 33143
41 TITLE Vice Secretary/Director	42 NAME Amarin, Eduardo
43 STREET ADDRESS 2820 S.W. 100 Ave.	44 CITY - ST - ZIP Miami, FL. 33165
51 TITLE Treasurer/Director	52 NAME De Las Cuevas, Mario
53 STREET ADDRESS 7100 S.W. 64 ST.	54 CITY - ST - ZIP Miami, FL. 33143
61 TITLE Vice Treasurer/ Director	62 NAME Gutierrez, Miguel
63 STREET ADDRESS 13723 S.W. 18 St.	64 CITY - ST - ZIP Miami, FL. 33184

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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: **MARIO DE LAS CUEVAS** **3/3/95** (305) 223-2818
Signature: Typed or printed name of officer or director Date

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 715145

**1. Corporation Name
PALM SPRINGS GARDENS BUILDING TWO CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
120 ROYAL PALM ROAD HIALEAH GARDENS, FL. 33016 **J & M CONDO. MANAGEMENT 221 S.W. 22ND AVE. #219 MIAMI, FL. 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1968** 3a. Date of Last Report **05/01/93**

4. FEI Number **59-1750480** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability/or intangible tax under S. 199.032, Florida Statutes Yes No

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
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**NESTOR ALVAREZ, P.A.
3971 S.W. 8 ST. SUITE 209
MIAMI, FL. 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	RICOARANGO, FE
STREET ADDRESS	120 ROYAL PALM ROAD APT#306
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	V/P/D
NAME	ALEMAN, JULIO
STREET ADDRESS	120 ROYAL PALM ROAD APT#312
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	T/D
NAME	SANTIAGO, MIGUEL
STREET ADDRESS	120 ROYAL PALM ROAD APT#104
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	S/D
NAME	FAJARDO, MIRIAM
STREET ADDRESS	120 ROYAL PALM ROAD APT#317
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	D
NAME	PONTON, ALFREDO
STREET ADDRESS	120 ROYAL PALM ROAD APT#111
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	D
NAME	MARTINEZ, ROSALINA
STREET ADDRESS	120 ROYAL PALM ROAD APT#203
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	900001439279
14 CITY-ST-ZIP	-03/24/95--01074--005
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	****130.00 ****130.00
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17)(9)(A), 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: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/16/95
HW 32395