

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 01/31/1968
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-1231761
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, LOUIS F	1.2 NAME	
STREET ADDRESS	7521 SW 56TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FERNANDO	2.2 NAME	
STREET ADDRESS	7210 SW 88 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MANUEL	3.2 NAME	
STREET ADDRESS	8190 SW 69 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORIN, EDUARDOR.	4.2 NAME	
STREET ADDRESS	2820 SW 100 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LAS CUEVAS, MARIOTO	5.2 NAME	
STREET ADDRESS	74100 SW 64 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VTD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL	6.2 NAME	
STREET ADDRESS	13723 SW 18 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33184	6.4 CITY-ST-ZIP	

3.1 TITLE	Secretary/ Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martell, Pedro F.	
3.3 STREET ADDRESS	1802 S.W. 102 PL.	
3.4 CITY-ST-ZIP	Miami, FL. 33165	
4.1 TITLE	Vice Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rodriguez, Manuel de Jesus	
4.3 STREET ADDRESS	7340 S.W. 84 Ct.	
4.4 CITY-ST-ZIP	Miami, FL. 33143	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sanchez, Eduardo	
5.3 STREET ADDRESS	90 Edgewater Drive	
5.4 CITY-ST-ZIP	Coral Gables, FL. 33133	
6.1 TITLE	Vice Tresurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	De Las Cuevas, Mario	
6.3 STREET ADDRESS	7100 S.W. 64 St.	
6.4 CITY-ST-ZIP	Miami, FL. 33143	

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 119.07(3)(k), 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: _____ DATE: _____ Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)