

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
9299 SW 7TH TERRACE MIAMI FL 33174-2283

3. Date Incorporated or Qualified 01/31/1968
3a. Date of Last Report 04/10/1996

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

4. FEI Number 59-1231761 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Fernando Martinez
82 Street Address (P.O. Box Number is Not Acceptable) 9299 S.W. 7 Terrace
83
84 City Miami FL 85 Zip Code 33174

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 *[Signature]* Fernando Martinez / President 1-7-97
(NOTE: Registered Agent signature required when reinstating) DATE

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 58TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FERNANDO	2.2 NAME	PRESIDENT
STREET ADDRESS	7210 SW 88 AVE	2.3 STREET ADDRESS	MARTINEZ, FERNANDO
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	9400 S.W. 77 Street
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, PEDRO F	3.2 NAME	SECRETARY
STREET ADDRESS	1802 SW 102 PL	3.3 STREET ADDRESS	MARTELL, PEDRO F
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	1802 S.W. 102 PL
TITLE	VSD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL D JESUS	4.2 NAME	VICE PRESIDENT
STREET ADDRESS	7340 SW 84 CT	4.3 STREET ADDRESS	RODRIGUEZ, MANUEL D JESUS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	7340 S.W. 84 CT
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, EDUARDO	5.2 NAME	TREASURER
STREET ADDRESS	90 EDGEWATER DR	5.3 STREET ADDRESS	SANCHEZ, EDUARDO
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	90 EDGEWATER DR.
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LAS CUEVAS, MARIO	6.2 NAME	
STREET ADDRESS	7100 SW 64 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* Fernando Martinez 1/7/97 (305) 223-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032849

CR2E037 (9/96)