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Secretary of State

04-26-1999 90253 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714046

1. Corporation Name
BIG FIVE CLUB, INC.

Principal Place of Business 9299 SW 7TH TERRACE MIAMI FL 33174	Mailing Address P.O. BOX 440096 TAMIAHI JTATIM MIAMI FL 33144 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1231761
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution
	Zip 30	

9. Name and Address of Current Registered Agent

MORENO, JOSE A
9299 SW 7TH TERRACE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box: Number is Not Acceptable)	
83	
84 City	FL

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PD MORENO, JOSE A.	1.2 NAME	
STREET ADDRESS	10355 N.W. 48 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SD MARTELL, PEDRO	2.2 NAME	
STREET ADDRESS	1802 SW 102ND PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VD SOLER, ANGEL	3.2 NAME	
STREET ADDRESS	36 N.E. 1ST - SUITE 815	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	
TITLE	DELETED <input checked="" type="checkbox"/>	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TD SANCHEZ, EDUARDO	4.2 NAME	T.D. Raul Gonzalez
STREET ADDRESS	90 EDGEWATER DRIVE	4.3 STREET ADDRESS	2333 N.W. 1st. Street
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	D MORALES, SILVIO	5.2 NAME	
STREET ADDRESS	11880 SW 46 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: _____ DATE: **04/20/99** DAYTIME PHONE #: **305-223-2818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR

CR2E037 (1/198)