SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 720892 RONEY PLAZA WOMEN'S SOCIAL CLUB, INC. Principal Place of Business

A 7 1 GO LUNG

BUSINESS APTRICATE

AND SE & COLUMN-AVE

MIAMI BEACH FL 33139 Mailing Address 20100111 HONEY PLAZA APTS MASIS 3. Date Incorporated or Qualified 23RD ST & COLLINS AVE 05/07/1971 MIAMI BEACH FL 33139 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 11/100 Country 30 of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, CLARA Street Address (P.O. Box Number is Not Acceptable) 82 BLEAK _ JAN GRELLOG TOSS 83 MIAMI BEACH FL 33139 84 City Zip Code 85 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 (5/98) TITLE 1.1 TITLE ST DELETE Addition **GROSS, SARA** 1.2 NAME NAME **CR2E037** 2371 COLLINS AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 3 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE MADDEL BLCANCHE 2.2 NAME NAME 2301 COLLINS AVE 1 Collins A STREET ADORESS 2.3 STREET ADDRESS MAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition MANDEL, BLANCHE NAME 3.2 NAME 20071 COLLINS AVE 🍃 3.3 STREET ADDRESS STREET ADDRESS MIÁMI BEACH FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4 1 TITLE DELETE Change Addition NAGLER, ROSE 4.2 NAME NAME STREET ADDRESS 2371 COLUNS AVE 4.3 STREET ADDRESS MIAMI BCH FL うめ 1多年 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition 6.2 NAME 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), Fiorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR