

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # **725733** (0)
1. Corporation Name
SAN JUAN SOCIAL CLUB, INC.



Principal Place of Business Mailing Address
**750 W 80 ST
C/O RIVEERA
HIALEAH FL 33014
US** **8341 NW 19 ST
C/O ORLOFF
PEMBROKE PINES FL 33024-3454
US**

2. Principal Place of Business 2a. Mailing Address
21 **6921 N.W. 24 Court** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Sunrise, Florida** 28
Zip Country Zip Country
24 **33313** 25 **USA** 29 30

3. Date Incorporated or Qualified **03/06/1973** 3a. Date of Last Report **04/24/1996**
4. FEI Number **59-2126314** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$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

**SANABRIA, LILLIAM
1470 N.E 123RD ST
APT. 1215
MIAMI FL 33161**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROJAS, LOUISE	
STREET ADDRESS	6921 NW 24 CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, IDA	
STREET ADDRESS	1470 NE 123 ST APT 1215	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	75 NE 202 TERR, P-21	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORLOFF, MARIETTA	
STREET ADDRESS	8341 NW 19 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, LUIS	
STREET ADDRESS	750 W 80 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CUEVAS, FERDINAND	
STREET ADDRESS	5410 NW 188 TERR	
CITY-ST-ZIP	CAROL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROJAS, LOUISE	
1.3 STREET ADDRESS	6921 NW 24 CT	
1.4 CITY-ST-ZIP	SUNRISE FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, IDA	
2.3 STREET ADDRESS	1470 NE 123 ST APT 1215	
2.4 CITY-ST-ZIP	N MIAMI FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CUEVAS, ELBA I.	
3.3 STREET ADDRESS	17900 N.W. 67 Ave., Apt. A	
3.4 CITY-ST-ZIP	Hialeah, Fla. 33015	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ORLOFF, MARIETTA	
4.3 STREET ADDRESS	8341 NW 19 ST	
4.4 CITY-ST-ZIP	PEMBROKE PINES FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROJAS, ANGEL	
5.3 STREET ADDRESS	6921 N.W. 24 Ct.	
5.4 CITY-ST-ZIP	Sunrise, Fla. 33313	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

MARIETTA ORLOFF

4/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0023849**

CR2E037 (9/96)