2008 NOT-FOR-PROFIT CORPORATION

Jan 14, 2008 8:00 am Secretary of State ANNUAL REPORT 01-14-2008 90100 025 ****61.25 **DOCUMENT #738409** SAHÁRA CLUB OF CORAL GABLES, INC. 40003252 Principal Place of Business Mailing Address 232 VALENCIA AVENUE 232 VALENCIA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1732267 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUTAN, G. VICTOR **460 RUVINO AVE** Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33156 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete Change ☐ Addition NAME BROWN, JAMES R NAME STREET ADDRESS 6710 S.W. 50TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP PRES: DENT Delete TITLE Change TITLE ☐ Addition H. W. PULLER, JR. BOGUE, PARKER NAME NAME 2780 SW 116 TH AVE DAVIE FL 33330 STREET ADDRESS 3617 SW THIRD AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP VD 🗶 Delete TITLE TITLE Change Addition VICE PRESIDENT NAME CACLE \, PENER NAME FRANK J. BROPHY 16161 SW &7TH COULT STREET ADDRESS 13900 SW 73RD CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33158 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 in changed, or on an attachment wijth an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

J. BROWN IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition

FILED