FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

AMENDED AND FILED

95 MAR 10 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743384 (0)

1. Corporation Name

GALAHAD DADE "B" SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
19380 COLLINS AVE. MIAMI BEACH, FL 33160	19380 COLLINS AVE. MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/27/1978	07/05/1994

4. FEI Number: 23-7368689 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ ***$68.75*** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEBMAN, VICTOR 19380 COLLINS AVENUE SUITE 1700 MIAMI BEACH FL 33160	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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FROELICH, HAROLD	1.2 NAME	
STREET ADDRESS	19380 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LIEBMAN, VICTOR	2.2 NAME	
STREET ADDRESS	19830 COLLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	WARREN, CHARLES	3.2 NAME	D
STREET ADDRESS	19380 COLLINS AVE.	3.3 STREET ADDRESS	DRUYANOFF, JUDITH
CITY-ST-ZIP	MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	19380 COLLINS AV. MIAMI BEACH, FL. 00000
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GROSSMAN, MARTIN	4.2 NAME	
STREET ADDRESS	19380 COLLINS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MAYER, MARTIN	5.2 NAME	
STREET ADDRESS	19380 COLLINS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Victor Liebman 3/2/95 939-7713
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Victor Liebman - President

0043107