## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G99076

(3)

MINUET TENNIS DISCOUNT, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State



1182 SW 1 ST. MIAMI FL 33130		1162 SW 1 ST. MIAMI FL 33130								
						3. Date Incorporated or Qualified 02/29/1984	3a. Date o		eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number		Ap	plied For	
21		26	<u> </u>			59-2382921	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	<b>\$</b>	\$8.75 Additional Fee Required		
City & State	9	City & State	28			Election Campaign Financing     Trust Fund Contribution				
Zip 24	Country 25	Zip <b>29</b>	Со: 30	Country 30		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes				
	9. Name and Address of (	Current Registered Agent		10. Name and Address of New R			agistered Agent			
PAU	SA, JUAN A.	1		81	Name					
1162	2 SW 1 ST. VII FL 33130	;	82 Street Addr		dress (P.O. Box Number is Not Acceptable)					
PTIN TAN	= 44 144			83						
				84	City		FL <sup>8</sup>	5 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										
	Signature, typed or printed name of regist				nt signature req	juried when reinstalling)	DATE	OF OT OR	C IN 10	
12.	PD	RS AND DIRECTORS  DELETE	<b>13.</b> 1.1 1		<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE	PERDOMO, JESUS		1.21				ليبا	Chargo		
NAME	1162 SW 1 ST				ADDRESS					
STREET ADDRESS	MIAMI FL									
CITY-ST-ZIP TITLE	STD			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition	
NAME				2.2 NAME				•	·	
STREET ADDRESS	About All ab EEDS			2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33175			2. 4 CITY - S1 - ZIP						
TITLE				(TLE				Change	Addition	
NAME			3.2 N	3.2 NAME						
STREET ADDRESS	·		3.3 \$	3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4.	3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3 \$	STREET A	ADDRESS					
CITY-ST-ZIP			440	OTY-ST	- ZIP					
TITLE :	DELETE		511	51 TITLE				Change	Addition	
NAME			521	AME						
STREET ADDRESS	5		535	5.3 STREET ADDRESS						
CITY-ST-ZIP			540	CITY-ST	- ZIP					
TITLE '		☐ DELETE 6		ITLE				Change	Addition	
NAME			621	AME						
STREET ADDRESS			635	STREET A	ADDRESS					
City-St-Zip	<u> </u>			OITY-SI						
14 I do here!	by cartify that the information of	unnting with this filling does not quali	ifu for the	eyer	notion stat	ed in Section 119.07(3)(i). Florida Statute	s. I further ce	dily that	the	

I do nevery definity that the information supplied wan this ping does not quality for the exemption stated in section (19.07(3)(f), 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 oxidity receiver or pistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 73 if changed, or on an attachment with an address.