


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

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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90044 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M80298					
1. Corporation Name AVENTURA FAN CLUB, INC.					
Principal Place of Business 19575 BISCAYNE BLVD #1315 N MIAMI FL 33180 US			Mailing Address ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE, SUITE 100 IRVING TX 75063		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/11/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 04-3009543	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Zip 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			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 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME PARKS, RALPH T. STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VPT NAME ROACH, DONALD V STREET ADDRESS 7880 BENT BRANCH DR 100 CITY-ST-ZIP IRVING TX 75063			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S NAME <del>MAYER, MARK W</del> STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX			3.1 TITLE 3.2 NAME NANCY L. WINTON 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE VPD NAME ALBERT, CHARLES M STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE AS NAME <del>WINTON, NANCY L</del> STREET ADDRESS 7880 BENT BRANCH DR 100 CITY-ST-ZIP IRVING TX 75063			5.1 TITLE 5.2 NAME VIKKI RODRIGUEZ 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NANCY L. WINTON** SECRETARY OF STATE REQUIRED

1-22-99

972-501-5000

CR2E034 (11/98)