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**APPROVED
AND
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95 MAY -1 PM 4: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M92305 (5)

**1. Corporation Name
ATLANTIC VIEW BEACH CLUB, INC.**

Principal Place of Business Mailing Address
LEO HENRIQUEZ LEO HENRIQUEZ
1401 HWY A1A - STE 203 1401 HWY A1A - STE 203
VERO BEACH FL 32963 VERO BEACH FL 32963
US US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
08/03/1988 05/01/1994
4. FEI Number Applied For
65-0065475 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HAYS, RICHARD J.
7200 W. COMMERCIAL BLVD.
SUITE 207
LAUDERHILL FL 33319

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 re-registering) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | VD |
| NAME | HAYS, RICHARD J. |
| STREET ADDRESS | 7100 W. COMMERCIAL BLVD |
| CITY ST ZIP | LAUDERHILL FL |
| TITLE | PD |
| NAME | HENRIQUEZ, LEO |
| STREET ADDRESS | 1190 DRIFTWOOD DRIVE |
| CITY ST ZIP | VERO BEACH FL |
| TITLE | SDT |
| NAME | PIGNA, MARIO |
| STREET ADDRESS | 8295 N.W. 56TH STREET |
| CITY ST ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 800001484278 |
| 1.3 STREET ADDRESS | -05/11/95--01078--001 |
| 1.4 CITY - ST - ZIP | ***1000.00 ***200.00 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SDT |
| 3.3 STREET ADDRESS | Mario Pigna |
| 3.4 CITY - ST - ZIP | 8295 NW 56th Street Miami, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 was carefully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attached sheet with an address.

SIGNATURE: **Leo Henriquez, President** 4-28-95 407-231-2929
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE