FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90055 048 ****61.25

DOC	JMENT#	N14	4779

1. Corporation Name

EX CLUB, INC.

Principal Place of Business	
8500 SW 8 ST SUITE #258 MIAMI FL 33144 US	
2. Principal Place of Busine	SS

Mailing Address 301 S.W. 63TH COURT

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MIAMI FL 3314					i izakliki odi kiril kiril irrik irrik irrik sahi birik dirik ririk ririk ririk ririk ririk ririk r			
US								
2. Principal P	Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed			
21	26			05/06/1986				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22	•	27			59-2842489	No	Applicable	
City & State	e	City & State			5. Certificate of Status Desired	\$8.75		
23		28		5. Cernicate of Status Desired -:	Fee Re	duired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	0		Trust Fund Contribution	Added t	o Fees	
	9. Name and Address of Curren				10. Name and Address of New Registered	d Agent		
			81	Name			Ì	
BORGES,	DOL ANDO		1	Ctures Add	dress (P.O. Box Number is Not Acceptable)			
301 SW 6			82 Street Addr		uless (P.O. Box Number is Not Acceptable)		1	
MIAMI FL			83			<u> </u>		
MIAMI FL	33 F 11					·		
	·	•	84	City	F	85 Zip C	Code	
		D and C47 4EDB Florida Statutes	the chouse	named cor	movetion authorite this statement for the purpose of	of changing its	registered	
11. Pursuant office or r	to the provisions of Sections 617.050; egistered agent, or both, in the State	z and 617.1508, Florida Statutes, of Florida. Such change was auti	orized by	the corporat	tion's board of directors, I hereby accept the appr	pintment as re	jistered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 617.0503, Florid	a Statutes	•			ŀ	
SIGNATURE					part when reinstating) DATE		\	
	Signature, typed or printed name of registered ager		gistered Ager	it signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.		D DIRECTORS	1.1 TITLE		ADDITIONS/OFFAITAGES TO OFFICE ROLL	☐ Change	Addition	
TITLE	VD	Delete						
NAME	SUBIRA, SALVADOR		1.2 NAME	ŧ			Ţ	
STREET ADDRESS	4800 NW 6TH ST.	•	1.3 STREE	FADDRESS			1	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-S	T-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	BORGES, ROLANDO		2.2 NAME					
STREET ADDRESS	301 SW 63 COURT		2.3 STREET	FADDRESS		•)	
CITY-ST-ZIP	MIAMI FL 33144		2, 4 CITY-S	T-ZIP				
IIILE	VD	DELETE	3.1 TITLE			☐ Change	Addition	
NAME	MARTINEZ, ALCIDES	,~2	3.2 NAME				·	
STREET ADDRESS	5113 SW 149 PL		3.3 STREE	TADORESS	-	• •	ſ	
CITY-ST-ZIP	MIAMI FL 33185		3.4. CITY- S	IT-ZIP				
TITLE	T	☐ DELETE	4.1 TITLE			Change	Addition	
NAME :	PLA, OSCAR		4. 2 NAME	1				
STREET ADDRESS	4000 114 07 07		4.3 STREE	TADDRESS				
	MIAMI FL 33012		4.5 STREE		·	•		
CITY-ST-ZIP TITLE	MININ I F 000 IZ	∏ DELETE	5.1 TITLE	·- <u>s.ir</u>	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
-		٠٠٠٠٠٠٠ سي	5.2 NAME		•	_ •		
NAME		i	5.3 STREET	T ADDRESS				
STREET ADDRESS			5.4 CITY-S		•		į	
CITY-ST-ZIP		DELETE	6.1 TITLE	1-215		☐ Change	Addition	
TITLE		. ש שבנבוב	6.2 NAME]		் ட வள்கு		
NAME					,	,	1	
STREET ADDRESS			•	TADDRESS				
CITY-ST-ZIP	·		6.4 CITY-S	T-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 617, 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: