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

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

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N14779</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>EX CLUB, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br>8500 SW 8 ST<br>SUITE #258<br>MIAMI FL 33144<br>US   |  |   | Mailing Address<br>301 S.W. 63TH COURT<br>MIAMI FL 33144<br>US                                   |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |  | 05/06/1986   |  |
| 22 City & State   |  | 27 City & State   |  | 4. FEI Number  |  |
| 23 Zip  |  | 28 Zip  |  | 59-2842489   |  |
| 24 Country  |  | 29 Country  |  | 30   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent   |  |  |
| BORGES, ROLANDO<br>301 SW 63 CT<br>MIAMI FL 33144   |  |   | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |  |  |
|   |  |   | FL   |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. |  |   |  |  |  |
| SIGNATURE<br>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   |  |   |  |  |  |
| 1.1 TITLE   |  |   |  |  |  |
| 1.2 NAME  |  |   |  |  |  |
| 1.3 STREET ADDRESS  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP   |  |   |  |  |  |
| 2.1 TITLE   |  |   |  |  |  |
| 2.2 NAME  |  |   |  |  |  |
| 2.3 STREET ADDRESS  |  |   |  |  |  |
| 2.4 CITY-ST-ZIP   |  |   |  |  |  |
| 3.1 TITLE   |  |   |  |  |  |
| 3.2 NAME  |  |   |  |  |  |
| 3.3 STREET ADDRESS  |  |   |  |  |  |
| 3.4 CITY-ST-ZIP   |  |   |  |  |  |
| 4.1 TITLE   |  |   |  |  |  |
| 4.2 NAME  |  |   |  |  |  |
| 4.3 STREET ADDRESS  |  |   |  |  |  |
| 4.4 CITY-ST-ZIP   |  |   |  |  |  |
| 5.1 TITLE   |  |   |  |  |  |
| 5.2 NAME  |  |   |  |  |  |
| 5.3 STREET ADDRESS  |  |   |  |  |  |
| 5.4 CITY-ST-ZIP   |  |   |  |  |  |
| 6.1 TITLE   |  |   |  |  |  |
| 6.2 NAME  |  |   |  |  |  |
| 6.3 STREET ADDRESS  |  |   |  |  |  |
| 6.4 CITY-ST-ZIP   |  |   |  |  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)