

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N14814 (0)

1. Corporation Name

THE CARIBBEAN AND MIAMI DOMINO CLUB OF SOUTH FLO  
RIDA INC.



Principal Place of Business

14607 BETHUNE DR.  
C/O WINSTON LEWIS  
MIAMI FL 33176

Mailing Address

14607 BETHUNE DR.  
C/O WINSTON LEWIS  
MIAMI FL 33176

3. Date Incorporated or Qualified  
04/29/1986

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
65-0186049

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHMAD AHMAD  
14607 BETHUNE DRIVE  
MIAMI FL 33176

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 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LEWIS, WINSTON  
STREET ADDRESS 14607 BETHUNE DR.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D  
NAME LEWIS, ELAINE  
STREET ADDRESS 14607 BETHUNE DR.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D  
NAME FRITH, KEITH  
STREET ADDRESS 14607 BETHUNE DR.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE -  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DP  
AHMAD AHMAD  
20410 SW 114 AVE  
MIAMI FL 33189

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D. TONY AHMAD  
21602 SW 98 PL  
MIAMI FL 33190

☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D. OMER AHMAD  
21602 SW 98 PL  
MIAMI FL 33190

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

200001884722  
-07/05/96--01030--021  
\*\*\*61.25

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300001884728  
-07/05/96--01030--022  
\*\*\*8.75

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 305-255-3213  
05/13/96 305-235-0443  
0045546

CR2E037 (12/95)