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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N28626** **(2)**

1. Corporation Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
S BARTOLOMEO 8220 SW 89TH ST MAIMI F: 33156 US	S BARTOLOMEO 8220 SW 89TH ST MIAMI FL 33156-7332 US

3. Date Incorporated or Qualified: 10/01/1988
3a. Date of Last Report: 03/19/1996

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

4. FEI Number: 65-0106043 ☐ 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

BARTOLOMEO, S
8220 SW 89TH ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: GONZALEZ, ISABEL P.
82 Street Address (P.O. Box Number is Not Acceptable): 525 VILLABELLA AVE.
83
84 City: CORAL GABLES, FL FL 85 Zip Code: 33146

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: Isabel P. Gonzalez — 3/7/97
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	P	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	BENGTSON, STURE R		1.2 NAME	DE DELVA, EDOUARD	
STREET ADDRESS	10820 SW 74TH CT		1.3 STREET ADDRESS	16041 S.W. 62 AVE	
CITY-ST-ZIP	MAIMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33157	Resi
TITLE	VP	☒ DELETE	2.1 TITLE	T	☒ Change ☒ Addition
NAME	PARDO, SANTIAGO		2.2 NAME	MCCORMACK, RICARDO K.	
STREET ADDRESS	7335 SW 114TH ST		2.3 STREET ADDRESS	5820 SW 86 CT ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	S. MIAMI, FL 33143	
TITLE	T	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	MCCANN, PETER		3.2 NAME	GONZALEZ, ISABEL P.	
STREET ADDRESS	5820 SW 87TH ST		3.3 STREET ADDRESS	525 VILLABELLA AVE.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	S	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BARTOLOMEO, SARAH		4.2 NAME	GERARD, ANDRE	
STREET ADDRESS	8220 SW 89TH ST		4.3 STREET ADDRESS	608 TOLEDILLA AVE	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	~~D~~ P	☐ DELETE	5.1 TITLE	D LAWRENCE, JR.	☒ Change ☐ Addition
NAME	GAMBLE, JAY L		5.2 NAME	SEYKORA, ~~LARRY~~	
STREET ADDRESS	5210 ALHAMBRA CIRCLE		5.3 STREET ADDRESS	14700 S.W. 83 PL.	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAIN, WILMA		6.2 NAME		
STREET ADDRESS	600 BILTMORE WAY 402		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED RICARDO K. MCCORMACK Ricardo K. McCormack TREASURER,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/7/97 Daytime Phone #: (305) 666-5327 0027730