## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

N34178

(6)

## DADE COUNTY POLICE BENEVOLENT ASSOCIATION LOUNGE /RESTAURANT, INC.

Principal Place	e of Business	Mailing Address				I JEBUNUL BOR HINI OLORI MOHI IDODI KUNI RIKIN BIRIN OLOM OLOM BIRIN BIRIN 1991				
10880 NW 25TH ST. SUITE 100 MIAMI FL 33172		10880 NW 25TH ST. Suite 100 Miami Fl 33172				3. Date Incorporated or Qualified 09/11/1989				
		***************************************				4. FEI Number	}	_	oplied For	
9 Principal Di	lean of Discharge	1 2a Nantina Antalana				65-0152024			ot Applicable	
21	ace of Business	24. Mailing Address 26			<u></u>	5. Certificate of Status Desired	• -		Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing			Мау Ве	
22 Ch. 1. Chat.		27				Trust Fund Contribution			Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the cu		_		
24	[25]	29	30				<u></u> Yes		_ No	
	9. Name and Address of Current	t Hegistered Agent		<b>B1</b>	Name	10. Name and Address of New Registered	Agent		<del></del>	
				<b>"</b>	NETTIO					
RIVERA,			Ţ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	W 25TH STREET, SUITE 100		<u> </u>	83						
MIAMI FL	. 33172									
			[	84	City	FL	85	Zip	Code	
	to the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the ab authorized lorida Statu	ove by ites	-named corporation.	oration submits this statement for the purpose on on's board of directors. I hereby accept the app	if chan cointme	ging it ent as	s registered registered	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registered	Age	nt signature require	ed when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOP		
TITLE	P	DELETE	1.1 <b>T</b> IT	LE				hange	Addition	
NAME	rivera, John		1,2 NA	ME	İ					
STREET ADDRESS	10680 N.W. 25TH ST. #100		1.3 STF	LEET .	ADDRESS					
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP					A Life	
TITLE	D			2.1 TITLE			CI	nange	Addition Addition	
NAME	CLARKE, JOAN			2.2 NAME						
STREET ADDRESS	10680 NW 25 STREET	*: <u>*</u>		2.3 STREET ADORESS						
CITY-ST-ZIP TITLE	MIAMI FL			2.4 CITY-ST-ZIP 3.1 TITLE			□ ci	hanne	Addition	
NAME	D Delgado, John	CJ OCCC15	3.2 NAME					NO. POR		
STREET ADDRESS	10680 N.W. 25TH ST. #100		3.3 STREE		ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY		ſ					
TITLE	D	DELETE	4.1 TITI		11-24		Ci	hange	Addition	
NAME	KOLODGY, RICHARD	_	4. 2 NAM					-	_	
STREET ADDRESS	10680 N.W. 25TH ST. #100		4.3 STREE		ADORESS					
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP						
TITLE	1	DELETE	5.1 TIT				C	hange	Addition	
HAME	CHRISTIAN, PEGGY J		5.2 NA	WE	İ					
STREET ADDRESS	10680 N.W. 25TH ST. #100		5.3 STF	REET .	ADDRESS					
CITY-ST-ZIP	MIAMI FL		5.4 CIT		T-ZIP					
TITLE		☐ DELETE	6.1 TITI	Æ	1		L CI	nange	Addition	
NAME			6.2 NA	ME						
CTREET ADVANCES			69 970	EFT.	ADDRESS					

4. Thereby certify that the information supplied with the 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 angual 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 revelver 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 algorithm with an address.

**SIGNATURE:** 

DOTN RIVER

**FILED** 

Apr 28 1998 8:00am

Secretary of State

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