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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N41224** **(9)**

1. Corporation Name

BON VIVANTS CLUB OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
3702 NE 171ST APT PH N MIAMI BCH FL 33160 US	3702 NE 171ST APT PH N MIAMI BCH FL 33160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0247539 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAY, SCOTT R. 420 LINCOLN RD SUITE 327 MIAMI BEACH FL 33139	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	SUBBOT, JOYCE	12 NAME	COLANTUONO, NICK	
STREET ADDRESS	420 LINCOLN RD, #327	13 STREET ADDRESS	420 Lincoln Rd. #327,	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	VD	21 TITLE	SD	☒ Change ☐ Addition
NAME	COLANTUONO, NICK	22 NAME	SANCHEZ, LUIS	
STREET ADDRESS	420 LINCOLN RD #327	23 STREET ADDRESS	420 Lincoln Rd, #327	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	CASSIDY, BEA	32 NAME	SIMMS, BILL	
STREET ADDRESS	420 LINCOLN RD #327	33 STREET ADDRESS	420 Lincoln Rd. #327	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	KIMMEL, MADELINE	42 NAME	RICE, SUSAN	
STREET ADDRESS	420 LINCOLN RD #327	43 STREET ADDRESS	420 Lincoln Rd. #3$\frac{1}{2}$7	
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	KUZNARIK, MARGE	52 NAME		
STREET ADDRESS	420 LINCOLN RD #327	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: MARGE KUZNARIK, TREAS. 1/17/95 (305) 891-1803
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000046B