

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/11/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0247539

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

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 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 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 ☒ DELETE
NAME D
STREET ADDRESS COLANTUONO, NICK
CITY-ST-ZIP 420 LINCOLN RD 327
MIAMI BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS SANCHEZ, LUIS
1.4 CITY-ST-ZIP 420 Lincoln Rd. #327
Miami Beach, Fl.

TITLE ☐ DELETE
NAME SD
STREET ADDRESS SANCHEZ, LUIS
CITY-ST-ZIP 420 LINCOLN RD 327
MIAMI BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SD
2.3 STREET ADDRESS SIMS, BILL
2.4 CITY-ST-ZIP 420 Lincoln Rd. #327
Miami Beach, Fl.

TITLE ☒ DELETE
NAME VD
STREET ADDRESS SIMMS, BILL
CITY-ST-ZIP 420 LINCOLN RD 327
MIAMI BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS SALVATORE, FRANCES
3.4 CITY-ST-ZIP 420 Lincoln Rd. #327

TITLE ☒ DELETE
NAME SD
STREET ADDRESS RICE, SUSAN
CITY-ST-ZIP 420 LINCOLN RD 327
MIAMI BEACH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
4.3 STREET ADDRESS COLEBROOK, TERRY
4.4 CITY-ST-ZIP 420 Lincoln Rd. 327
Miami Beach, Fl.

TITLE ☒ DELETE
NAME TD
STREET ADDRESS KUZNARIK, MARGE
CITY-ST-ZIP 420 LINCOLN RD #327
MIAMI BEACH FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Temple C. Calabrese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)