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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33160-3044
US



3. Date Incorporated or Qualified
12/11/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21. **1421 N W 70th St**
Suite, Apt. #, etc.

26. **1421 N.W. 70th St.**
Suite, Apt. #, etc.

22. City & State
Miami, FL

27. City & State
Miami, FL

23. Zip
33145

Country
US

28. Zip
33145

Country
US

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

9. Name and Address of Current Registered Agent

**JAY, SCOTT R.
420 LINCOLN RD
SUITE 327
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, LUIS	
STREET ADDRESS	420 LINCOLN RD 327	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, BILL	
STREET ADDRESS	420 LINCOLN RD 327	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALVATORE, FRANCES	
STREET ADDRESS	420 LINCOLN RD 327	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLEBROOK, TERRY	
STREET ADDRESS	420 LINCOLN RD 327	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUZNARIK, MARGE	
STREET ADDRESS	420 LINCOLN RD 4327	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sims, Bill	
1.3 STREET ADDRESS	420 Lincoln Rd 327	
1.4 CITY - ST - ZIP	Miami Beh, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	SD	
2.2 NAME	Baboun, Frances	
2.3 STREET ADDRESS	420 Lincoln Rd 327, MiamiBch	
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruby Henry	
6.3 STREET ADDRESS	420 Lincoln Rd 327	
6.4 CITY - ST - ZIP	Miami Bch, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(f), 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: *Bill Sims* **IBICUSPES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 1997
Date

354-8770
Daytime Phone # 0031855

CR2E037 (9/96)