K1C	ONPROFIT				ILED	
COF	RPORATION		TMENT OF STATE	Sep 11 1	998 8:00am	
ANNUAL REPORT			Secretary of State		Secretary of State	
					ary of State	
1. Corporatio	MENT # N4122	4 (9) ⁻	•			
BON VIV	ANTS CLUB OF GREATER	r miami, inc.			anal diasi útati anali anali anali anali	
Principal Plac	e of Business	Mailing Address		1 1 90 17104 017 01001 FAUTO FAUTO FAUTO	i Didi andıl Albis andır diğin andır Arais sanı	
1421 NW 70TH 8T NIAMI FL 33145		1421 NW 70TH ST MIAMI FL 33145		3. Date incorporated or Qualified 12/11/1990		
US		US		4. FEI Number	Applied For	
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
1 7790 Suite, Apt.	5.W. 31 ST.	26 7790 S.W. Suite, Apt. #, etc.	31 ST.	6. Election Campaign Financing	Fee Required	
2	· 	27		Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	MI FL.	City & State 28 MIAMI, F	Ξι.	7. Is this nonprofit corporation a h	omeown ers ac sociation?	
× 331		· 29 33155	30 U.S.A.	8. This corporation owes or has pa Personal Property Tax due Jun		
	9. Name and Address of Curr			10. Name and Address of New Re		
JAY, SCO	TT R		81 Name 82 Street			
420 LINCC	dln RD		83	Address (P.O. Box Number Is Not Acceptat	ые) 	
SUITE 327 MIAMI BEA			83			
MIAMI BEACH FL 33139			041 01			
			84 City		FL 85 Zip Code	
11. Pursuant to office or re agent. I ar	o the provisions of sections 617.050 sgistered agent, or both, in the State n familiar with, and accept the oblig	2 and 617.1508, Florida Statutes, i of Florida. Such change was aufi ations of, section 617.0503, Florid	the above-named cor horized by the corpor	poration submits this statement for the purp ation's board of directors. I hereby accept t	FL	
agent. I ar SIGNATURE.	o the provisions of sections 617.050 spistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, section 617.0503, Florid	the above-named cor horized by the corpor	······································	FL	
agent. I ar SIGNATURE - 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ations of, section 617.0503, Florid pent and title If applicable. (NOT NND DIRECTORS	the above-named con horized by the corpor la Statutes. E: Registered Agent signatur 13.	······································	FL ose of changing its registered the appointment as registered	
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