

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

1421 NW 70TH ST  
MIAMI FL 33145  
US

1421 NW 70TH ST  
MIAMI FL 33145  
US

2. Principal Place of Business

2a. Mailing Address

21 7790 S.W. 31 ST.

26 7790 S.W. 31 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33155

25 U.S.A.

29 33155

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/11/1990

4. FEI Number

65-0247539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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 ☐ DELETE

NAME SIMS, BILL  
STREET ADDRESS 420 LINCOLN RD 327  
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☒ DELETE

NAME BABOUN, FRANCES  
STREET ADDRESS 420 LINCOLN RD 327  
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☐ DELETE

NAME SALVATORE, FRANCES  
STREET ADDRESS 420 LINCOLN RD 327  
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☒ DELETE

NAME COLEBROOK, TERRY  
STREET ADDRESS 420 LINCOLN RD 327  
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☒ DELETE

NAME HENRY, RUBY  
STREET ADDRESS 420 LINCOLN RD #327  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD  
LUIS SANCHEZ  
420 LINCOLN RD. 327  
MIAMI BEACH, FL. 33139

TD  
HANDROS, NICOLETTE  
444 BRICKELL AVE. P30  
MIAMI, FL. 33131

D  
SUBBOT, JOYCE  
7790 S.W. 31 ST.  
MIAMI, FL. 33155

100002639141

-09/14/98--01146--022

\*\*\*\$1.25

14. I hereby certify that the information supplied with this 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/98

(305) 758-4595

Date Daytime Phone #

CR2E037 (5/98)