


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90197 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41224					
1. Corporation Name BON VIVANTS CLUB OF GREATER MIAMI, INC.					
Principal Place of Business 7790 S.W. 31 STREET MIAMI FL 33155 US			Mailing Address 7790 S.W. 31 STREET MIAMI FL 33155 US		



2. Principal Place of Business 21 444 BRICKELL AVE. Suite, Apt. #, etc. 22 SUITE P30 City & State 23 MIAMI FL. Zip Country 24 33131 25 U.S.		2a. Mailing Address 26 444 BRICKELL AVE. Suite, Apt. #, etc. 27 SUITE P30 City & State 28 MIAMI FL. Zip Country 29 33131 30 U.S.		3. Date Incorporated or Qualified 12/11/1990 4. FEI Number 65-0247539 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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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			
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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		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D			1.2 NAME			
STREET ADDRESS	SIMS, BILL			1.3 STREET ADDRESS			
CITY-ST-ZIP	420 LINCOLN RD 327			1.4 CITY-ST-ZIP			
	MIAMI BEACH FL						
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, LUIS			2.2 NAME			
STREET ADDRESS	420 LINCOLN RD 327			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALVATORE, FRANCES			3.2 NAME			
STREET ADDRESS	420 LINCOLN RD 327			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDROS, NICOLETTE			4.2 NAME			
STREET ADDRESS	444 BRICKELL AVE. P30			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUBBOT, JOYCE			5.2 NAME			
STREET ADDRESS	7790 S.W. 31 STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Nicolete Handros* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (305) 373-3800
Date Daytime Phone #

CR2E037 (11/98)