


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N41224</b> 1. Corporation Name <b>BON VIVANTS CLUB OF GREATER MIAMI, INC.</b>		
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 <b>444 BRICKELL AVE.</b>	2a. Mailing Address 26 <b>444 BRICKELL AVE.</b>	3. Date Incorporated or Qualified <b>12/11/1990</b>
Suite, Apt. #, etc. 22 <b>SUITE P30</b>	Suite, Apt. #, etc. 27 <b>SUITE P30</b>	4. FEI Number <b>65-0247539</b>
City & State 23 <b>MIAMI FL.</b>	City & State 28 <b>MIAMI FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip Country 24 <b>33131 U.S.</b>	Zip Country 29 <b>33131 U.S.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>JAY, SCOTT R.</b> <b>420 LINCOLN RD</b> <b>SUITE 327</b> <b>MIAMI BEACH FL 33139</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D SIMS, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>420 LINCOLN RD 327</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD SANCHEZ, LUIS</b>	2.2 NAME	
STREET ADDRESS	<b>420 LINCOLN RD 327</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD SALVATORE, FRANCES</b>	3.2 NAME	
STREET ADDRESS	<b>420 LINCOLN RD 327</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD HANDROS, NICOLETTE</b>	4.2 NAME	
STREET ADDRESS	<b>444 BRICKELL AVE. P30</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SUBBOT, JOYCE</b>	5.2 NAME	
STREET ADDRESS	<b>7790 S.W. 31 STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	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: *Nicolette Handros* **REQUIRED** 4/30/99 (305)373-3800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)