

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50197** (5)  
1. Corporation Name  
**MIAMI BOND CLUB, INC.**



Principal Place of Business <b>444 BRICKELL AVENUE SUITE 51-413 MIAMI FL 33131 US</b>	Mailing Address <b>444 BRICKELL AVENUE SUITE 51-413 MIAMI FL 33131-2403 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/29/1992</b>	3a. Date of Last Report <b>09/20/1996</b>
4. FEI Number <b>APPLIED FOR 65-0702543</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PRAHL, JOHN T  
3251 PONCE DE LEON BLVD.  
#150  
CORAL GABLES FL 33134**

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 type="checkbox"/> DELETE
NAME	ABATE, HANS	
STREET ADDRESS	801 BRICKELL AVE. 7TH FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACOSTA, JOSE	
STREET ADDRESS	701 BRICKELL AVE. #2300 777 BRICKELL AVE STE 1150	
CITY-ST-ZIP	MIAMI FL 33131 MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSNIER, EDWARD A	
STREET ADDRESS	2100 PONCE DE LEON BLVD. #PH	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, TED	
STREET ADDRESS	1401 BRICKELL AVENUE #1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUEMES, JULIO A	
STREET ADDRESS	2801 S. BAYSHORE DR. #2040	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINNERAN, DENNIS	
STREET ADDRESS	100 S.E. 2ND ST. #2900	
CITY-ST-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAD UPPALURI	
1.3 STREET ADDRESS	4400 BISCAYNE BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHANON SAINT	
2.3 STREET ADDRESS	ONE BISCAYNE TOWER, #3200	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DWIGHT MCKAY	
3.3 STREET ADDRESS	3750 NW 87 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33178	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID MCCOMBIE	
4.3 STREET ADDRESS	5901 MIAMI LAKES DR.	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JUAN LUIS TOLO	
5.3 STREET ADDRESS	701 BRICKELL AVE 10th FL.	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: \_\_\_\_\_ **SIGNATURE REQUIRED** 4/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026502

CR2E037 (9/96)