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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50197 (5)

1. Corporation Name

MIAMI BOND CLUB, INC.

Principal Place of Business

Mailing Address

**444 BRICKELL AVENUE
SUITE 51-413
MIAMI FL 33131
US**

**444 BRICKELL AVENUE
SUITE 51-413
MIAMI FL 33131
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/29/1992

4. FEI Number

65-0702543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

**PRAHL, JOHN T
3251 PONCE DE LEON BLVD.
#150
CORAL GABLES FL 33134**

81 Name

Prahl, John T.

82 Street Address (P.O. Box Number is Not Acceptable)

2801 Ponce de Leon Blvd.

83 Suite

Suite 1155

84 City

Coral Gables

FL

85 Zip Code

33134

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

John T. Prahl
Signature, typed or printed name of registered agent and title if applicable

John T. Prahl
(NOTE: Registered Agent signature required when reinstating)

5/14/98
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	777 BRICKELL AVE., STE. 1150	
CITY-ST-ZIP	MIAMI FL	

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	QUEMES, JULIO A	
STREET ADDRESS	2801 S. BAYSHORE DR. #2040	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINNERAN, DENNIS	
STREET ADDRESS	100 S.E. 2ND ST. #2800	
CITY-ST-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCKEY, DWIGHT	
1.3 STREET ADDRESS	3750 NW 87 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33158	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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:

Dwight Mckey

DWIGHT MCKEY

5/15/98

305-717-5636

CR2E037 (10/97)