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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50197

1. Corporation Name

MIAMI BOND CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

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

9. Name and Address of Current Registered Agent

**PRAHL, JOHN T
2801 PONCE DE LEON BLVD
SUITE 1155
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** ☐ DELETE
NAME **ABATE, HANS**
STREET ADDRESS **801 BRICKELL AVE. 7TH FL**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE
NAME **ACOSTA, JOSE**
STREET ADDRESS **777 BRICKELL AVE., STE. 1150**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **CUSNIER, EDWARD A**
STREET ADDRESS **2100 PONCE DE LEON BLVD. #PH**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DT** ☐ DELETE
NAME **FERNANDEZ, TED**
STREET ADDRESS **1401 BRICKELL AVENUE #1400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE
NAME **GUEMES, JULIO A**
STREET ADDRESS **2601 S. BAYSHORE DR. #2040**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ DELETE
NAME **MCKEY, DWIGHT**
STREET ADDRESS **3750 NW 87TH AVE**
CITY-ST-ZIP **MIAMI FL 33158**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **OT** ☐ Change ☒ Addition
1.2 NAME **CARLOS BELL**
1.3 STREET ADDRESS **701 BRICKELL AVENUE, STE. 1250**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **SHANNON SMITH**
2.3 STREET ADDRESS **ONE BISCAYNE TOWER, STE. 3200**
2.4 CITY-ST-ZIP **MIAMI, FL. 33131**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **DAVID MCCOMBIE**
3.3 STREET ADDRESS **5901 MIAMI LAKES DR.**
3.4 CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33014**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **JUAN LUIS TORO**
4.3 STREET ADDRESS **801 BRICKELL AVE. 7TH FL.**
4.4 CITY-ST-ZIP **MIAMI, FL. 33131**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **COREY AMON**
5.3 STREET ADDRESS **1001 BRICKELL BAY DRIVE, SUITE 2100**
5.4 CITY-ST-ZIP **MIAMI, FL. 33131**

6.1 TITLE **VP** ☒ Change ☐ Addition
6.2 NAME **DWIGHT MCKEY**
6.3 STREET ADDRESS **3750 NW 87TH AVENUE**
6.4 CITY-ST-ZIP **MIAMI, FL. 33158**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 **305-318-5300 X279**

Date

Daytime Phone #

CR2E037 (11/98)