


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

05-10-1999 90232 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005405**

1. Corporation Name

REAL CLUB ESPANOL, INC.

Principal Place of Business

7401 NW 8TH ST
MIAMI FL 33126

Mailing Address

7401 NW 8TH ST
MIAMI FL 33126



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	3. Date Incorporated or Qualified 11/01/1994 4. FEI Number 65-0533815 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

GONZALEZ, EDELMIRO
7401 N W 8TH STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIRO	1.2 NAME	
STREET ADDRESS	9425 S W 16TH STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33165	1.4 CITY-STATE-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, EDELMIRO	2.2 NAME	
STREET ADDRESS	% 7401 NW 8TH ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33126	2.4 CITY-STATE-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, CARLOS	3.2 NAME	
STREET ADDRESS	1031 S W 73RD PLACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33144	3.4 CITY-STATE-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPATA, ANGEL	4.2 NAME	
STREET ADDRESS	340 N W 59TH AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33126	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, CARLOS	5.2 NAME	
STREET ADDRESS	% 7401 NW 8TH ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33126	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

MIRO GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)