

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001155 (9)

1. Corporation Name

FDC MIAMI EMPLOYEES CLUB, INC.



Principal Place of Business

**33 NE 4TH ST.
MIAMI FL 33101**

Mailing Address

**P.O. BOX 019118
MIAMI FL 33101**

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 33 NE 4TH ST

2a. Mailing Address

26 P.O. BOX 019118

4. FEI Number

65-0569146

Applied For

Not Applicable

5. Certificate of Status Desired **N/A**

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **N/A**

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33132

Country

25 USA

Zip

29 33101-9118

Country

30 USA

9. Name and Address of Current Registered Agent

**DAVIS, YVONNE
33 NE 4TH ST.
MIAMI FL 33101**

10. Name and Address of New Registered Agent

81 Name

CARLOS MORENO

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

33 NE 4th St

83

84 City

Miami, FL. 33132

FL

85

Zip Code **33132**

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **DAVIS, YVONNE**
STREET ADDRESS **27820 SW 174TH AVE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☒ DELETE

NAME **JONES, MARIAN Y**
STREET ADDRESS **20000 SW 123RD DR.**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☒ DELETE

NAME **RICKARD, BARBARA**
STREET ADDRESS **33 NE 4TH ST**
CITY-ST-ZIP **MIAMI FL 33101**

TITLE **D** ☒ DELETE

NAME **RUBLACABA, ROSIE**
STREET ADDRESS **33 NE 4TH ST.**
CITY-ST-ZIP **MIAMI FL 33101**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☒ Change ☐ Addition

12 NAME **CARLOS MORENO**
13 STREET ADDRESS **33 NE 4th St.**
14 CITY-ST-ZIP **Miami, FL. 33132**

21 TITLE **D** ☒ Change ☐ Addition

22 NAME **JANET ROSELLO**
23 STREET ADDRESS **33 NE 4th St.**
24 CITY-ST-ZIP **Miami, FL. 33132**

31 TITLE **D** ☒ Change ☐ Addition

32 NAME **ARLEANE MCDUFFEY**
33 STREET ADDRESS **33 NE 4th St**
34 CITY-ST-ZIP **Miami, FL. 33132**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96

Date

(305) 982-1108

Daytime Phone #