

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000001155

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**

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90090 036 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/09/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0569146	
24 Country		29 Country		30	
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	

9. Name and Address of Current Registered Agent

**MORENO, CARLOS
33 NE 4TH ST
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name **SELMA DEJESUS-ZAYAS**
82 Street Address (P.O. Box Number is Not Acceptable)
33 NE 4 STREET
83
84 City **MIAMI** 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, Secretary of State, Florida Statutes.

SIGNATURE *[Signature]* **Sign Here**

3.25.99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORENO, CARLOS	1.2 NAME	SELMA DEJESUS-ZAYAS
STREET ADDRESS	33 NE 4TH STREET	1.3 STREET ADDRESS	33 NE 4 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSELLO, JANET	2.2 NAME	GUSTAVO BALDOVINO
STREET ADDRESS	33 NE 4TH STREET	2.3 STREET ADDRESS	33 NE 4 STRET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, VIVECA	3.2 NAME	GERALD NIX
STREET ADDRESS	33 NE 4TH ST	3.3 STREET ADDRESS	33 NE 4 STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEPEZ, ROSEMARY	4.2 NAME	ELIZABETH M. GARCIA
STREET ADDRESS	33 NE 4TH ST	4.3 STREET ADDRESS	33 NE 4 STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARIAN JONES
STREET ADDRESS		5.3 STREET ADDRESS	33 NE 4 STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

[Signature] **Sign Here** **RED**

3.25.99

Date

Daytime Phone #

CR2E037 (1/98)