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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005453 (4)

1. Corporation Name

THE BELRAY ANNEX CLUB, INC.



Principal Place of Business

Mailing Address

212 COLLINS AVE
MIAMI BEACH FL 33139PO BOX 191311
MIAMI BCH FL 33119-13113. Date Incorporated or Qualified
11/15/19953a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBLEY, BLAIR M
~~337 PALERMO AVE~~ 328 MINORCA AVE, 2ND Floor
CORAL GABLES FL 33134

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

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOWANDER, GEORGE
STREET ADDRESS 212 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 331391.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD
NAME SIBLEY, BLAIR M
STREET ADDRESS ~~337 PALERMO AVE~~
CITY-ST-ZIP CORAL GABLES FL 331342.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 328 MINORCA AVE, 2ND Floor
2.4 CITY-ST-ZIPTITLE D
NAME BOTRO, HECTOR
STREET ADDRESS 337 PALERMO AVE
CITY-ST-ZIP CORAL GABLES FL3.1 TITLE
3.2 NAME ANNELISE S. FLEMING
3.3 STREET ADDRESS 101 COLLINS AVE #26
3.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

305-445-1111

Daytime Phone # 0028223

CR2E037 (9/96)