FILED **FILE NOW: FILING FEE IS \$61.25** May 08 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N96000000415 (7) CLUB COLLECTIVE EFFORTS, INC. Principal Place of Business Mailing Address 1057 WASHINGTON AVE 1057 WASHINGTON AVE MIAMI FL 33139-5017 MIAMI FL 33139 3. Date Incorporated or Qualified 01/24/1996 3a. Date of Last Report 4. FE! Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 26 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, XYes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Louis J. Terminello, Esq. CHADROFF, SY Street Address (P.O. Box Number is Not Acceptable)
CHADROFF, TERMINELLO & TERMINELLO 82 2700 SW 37 AVE MAMI FL 33133 2700 SW 37 Avenue 84 City 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. 33133 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition □ DELETE TITLE 1.1 TITLE KEEVER, FRANKLIN NAME 1.2 NAME 1057 WASHINGTON AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33139 1.4 CITY-ST-2IP CITY-ST-ZIP X Change DELETE TITLE 2.1 TITLE Vice-President, Secretary, Addition **SHADROFF**; don't NAME 22 NAME Director #101 PARK CENTER BLWD #104 STREET ADDRESS 2.3 STREET ADDRESS Louis J. Terminello, Esq. MAAN FIX 83:169. CITY-ST-ZIF 2.4 CITY-ST-ZIP 33133 Change 2700 SW 37 Ave., Miami, Fl DELETE Addition TITLE 3.1 TILLE QHADROFEKSY 3.2 NAME NAME RTOO SWART AVE STREET ADDRESS 3.3 STREET ADDRESS MIANN EN 23183 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE imper Buohocole NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY- ST- 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 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 of 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, or on anantiachment with an address.

STREET ADDRESS

CITY-ST-ZIP