

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000807 (5)

1. Corporation Name

THE SOUTH BEACH BUSINESS GUILD, INC.



Principal Place of Business	Mailing Address
1205 DREXEL AVENUE MIAMI BEACH FL 33139	1205 DREXEL AVENUE MIAMI BEACH FL 33139-8207

2. Principal Place of Business	2a. Mailing Address
21 1657 DREXEL AVE	26 1657 DREXEL AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI BEACH, FL	28 City & State MIAMI BEACH, FL
24 Zip 33139	29 Zip 33139
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report N/A
4. FEI Number 65-0649165	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MENDOLA, JOSEPH A ESQ. % FRITZ 1205 DREXEL AVE. MIAMI BEACH FL 33139	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	TIM BARNUM
STREET ADDRESS		1.3 STREET ADDRESS	2421 PANCOAST DRIVE, 5D
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DIGBY LIEBOWITZ
STREET ADDRESS		2.3 STREET ADDRESS	1057 WASHINGTON AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	EUGENE PATRON
STREET ADDRESS		3.3 STREET ADDRESS	7601 E. TREASURE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	NEIL FRITZ
STREET ADDRESS		4.3 STREET ADDRESS	1300 COLLINS AVENUE, #500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)