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May 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N96000001306 (7)**

1. Corporation Name

**THE NIGHT LIGHT ALTERNATIVE CLUB AND COFFEE SHOP  
PE, INC.**

Principal Place of Business

**15151 NE 21 AVE.  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**15151 NE 21 AVE.  
NORTH MIAMI BEACH FL 33162-6001**



3. Date Incorporated or Qualified  
**03/08/1996**

3a. Date of Last Report  
**3/8/96**

2. Principal Place of Business

**21 11 N.W. 117 St.**  
Suite, Apt. #, etc.

**22**  
City & State

**23 Miami, Florida**

**24 33168** **25 Dade**

2a. Mailing Address

**26 11 N.W. 117 Street**  
Suite, Apt. #, etc.

**27**  
City & State

**28 Miami, Florida**

**29 33168** **30 Dade**

4. FEI Number

**65-0615812**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

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

9. Name and Address of Current Registered Agent

**BREWARD, GLORIA J  
141 NE 3RD AVE., 10TH FLOOR  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BREWARD, DONNA A**  
STREET ADDRESS **2005 SANS SOUCI BLVD.**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **BREWARD, JOHN C**  
STREET ADDRESS **11 NW 117 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **BREWARD, GLORIA J**  
STREET ADDRESS **11 NW 117 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**11 N.W. 117 Street  
Miami, Florida 33168**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**33168**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**33168**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Gloria J. Breward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gloria J. Breward**

**4/28/97 (305)667-1155**  
Date Daytime Phone #

CR2E037 (9/96)