

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N96000003657 (1)**

1. Corporation Name

**MIXED COMPANY MOTORCYCLE CLUB, INC.**

Principal Place of Business

**16703 SW 107 PLACE  
MIAMI FL 33157**

Mailing Address

**16703 SW 107 PLACE  
MIAMI FL 33157-2965**



3. Date Incorporated or Qualified  
**07/11/1996**

3a. Date of Last Report

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

4. FEI Number

**65-0721036**

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

10. Name and Address of New Registered Agent

**ROCKMAN, LOUIS M  
8500 SW 92 STREET STE 106  
MIAMI FL 33158**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVST** ☒ DELETE  
NAME **SOLOMON, ROBERT**  
STREET ADDRESS **16703 SW 107 PLACE**  
CITY-ST-ZIP **MIAMI FL 33157**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **SOLOMON, ROBERT**  
1.3 STREET ADDRESS **16703 SW 107 PLACE**  
1.4 CITY-ST-ZIP **MIAMI, FL. 33157**

TITLE **D** ☒ DELETE  
NAME **SOLOMON, ROBERT**  
STREET ADDRESS **16703 SW 107 PLACE**  
CITY-ST-ZIP **MIAMI FL 33157**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **FITZGERALD THOMAS**  
2.3 STREET ADDRESS **2231 OSHKOSH LANE**  
2.4 CITY-ST-ZIP **ORLANDO, FL.**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **ROOSEVELT JONES**  
3.3 STREET ADDRESS **16410 SW 101 AVENUE**  
3.4 CITY-ST-ZIP **MIAMI, FL. 33157**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **T** ☐ Change ☒ Addition  
4.2 NAME **SERGE PHILIPPE**  
4.3 STREET ADDRESS **2030 NW 207 STREET**  
4.4 CITY-ST-ZIP **MIAMI, FL. 33056**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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

**Robert Solomon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031389

CR2E037 (9/96)