

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Aug 19 1997 8:00am  
Secretary of State

DOCUMENT # **N96000005641 (3)**  
1. Corporation Name

**D' UNTOUCHABLES SPORTS & CULTURAL CLUB, INC.**



Principal Place of Business Mailing Address  
**14341 NORTHWEST 14 DRIVE**  
**MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**17621 N.W. 46 AVE.**  
**MIAMI, FL 33055**

4. FEI Number **65-0706766** Applied For  
Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAGOONAN, ANTON</b>	1.2 NAME	
STREET ADDRESS	<b>14341 NORTHWEST 14 DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARIB, BRENDON</b>	2.2 NAME	
STREET ADDRESS	<b>14341 NORTHWEST 14 DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, DEBRA</b>	3.2 NAME	
STREET ADDRESS	<b>14341 NORTHWEST 14 DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, FRANK A</b>	4.2 NAME	
STREET ADDRESS	<b>14341 NORTHWEST 14 DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE SIGNATURE REQUIRED **8/12/97**

CR2E037 (4/97)