

**CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # N97000000610 (2)

1. Corporation Name

FLORIDA COFFEE BOYS & CULTURAL SPORTS CLUB INC.

APPROVED
AND
FILED

98 NOV -3 AM 9:21



TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

669 NW 49 STREET
MIAMI FL 33127

669 NW 49 STREET
MIAMI FL 33127

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

85-0871383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 669 NW 49 Street

Suite, Apt. #, etc.

22 N/A

City & State

23 Miami, FL

Zip

24 33127

Country

25 DADE

2a. Mailing Address

26 669 NW 49 STREET

Suite, Apt. #, etc.

27 N/A

City & State

28 Miami Florida

Zip

29 33127

Country

30 DADE

9. Name and Address of Current Registered Agent

JAMES, ALICK
669 NW 49 STREET
MIAMI FL 33127

10. Name and Address of New Registered Agent

81

82

83

84

Street

City

State

Zip

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 *Alick James*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE *D* *Chairman Person* ☐ DELETE

NAME *ALICK JAMES*

STREET ADDRESS *669 NW 49 ST*

CITY-ST-ZIP *MIAMI FLORIDA 33127*

TITLE *D* *SECRETARY* ☐ DELETE

NAME *LESTER THOMAS*

STREET ADDRESS *4310 NW 16 ST BLDG 3 APT 203*

CITY-ST-ZIP *MIAMI FL 33127*

TITLE *Trustee* *ROLAND L. LAMBLIN* ☐ DELETE

NAME *ROLAND L. LAMBLIN*

STREET ADDRESS *281 NW 101 ST*

CITY-ST-ZIP *MIAMI, FL 33150*

TITLE *Trustee* *CARLTON P JAMES* ☐ DELETE

NAME *CARLTON P JAMES*

STREET ADDRESS *3912 NW 207 ST RD*

CITY-ST-ZIP *DARL City, FL 33055*

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *Alick James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/98 (305) 751-7318

Date

Daytime Phone #

CR2E037 (5/98)