

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90093 010 \*\*\*\*61.25

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1. Corporation Name

FLORIDA COFFEE BOYS & CULTURAL SPORTS CLUB INC.

Principal Place of Business

669 NW 49 STREET  
MIAMI FL 33127

Mailing Address

669 NW 49 STREET  
MIAMI FL 33127



2. Principal Place of Business

21 669 NW 49th STREET  
Suite, Apt. #, etc.

22 N/A

23 MIAMI DADE FLORIDA  
City & State

24 33127 Zip Country  
25 U.S.A

2a. Mailing Address

26 669 NW 49th STREET  
Suite, Apt. #, etc.

27 N/A

28 MIAMI DADE FLORIDA  
City & State

29 33127 Zip Country  
30 U.S.A

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0871383

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

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 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 *James Alick*

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 JAMES, ALICK  
STREET ADDRESS 669 N.W. 49 ST.  
CITY-ST-ZIP MIAMI FL 33127

TITLE DST ☐ DELETE

NAME THOMAS, LESTER  
STREET ADDRESS 4310 N.W. 16 ST., BLDG. 3, APT. 203  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE T ☐ DELETE

NAME LAMBKIN, ROLAND L  
STREET ADDRESS 281 NW 101 ST.  
CITY-ST-ZIP MIAMI FL 33150

TITLE T ☐ DELETE

NAME JAMES, CARLTON P  
STREET ADDRESS 3912 NW 207 ST. RD.  
CITY-ST-ZIP CAROL CITY FL 33055

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, with all other like empowered.

SIGNATURE *Alick James* SIGNATURE *James Alick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15th APRIL 1999 751 7318

Daytime Phone #

CR2E037 (11/98)