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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000005952 (5)

1. Corporation Name

SOUTH BEACH CLUB, INC.

Principal Place of Business

SOUTH BEACH CLUB
1649 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US

Mailing Address

SOUTH BEACH CLUB
1649 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

4. FEI Number

65-0382296

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MENASHE, RONNIE
1649 WASHINGTON AVENUE
SUITE 200
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

MENASHE, SHARON

82 Street Address (P.O. Box Number is Not Acceptable)

1649 WASHINGTON AVE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2-20-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MENASHE, RONNIE

STREET ADDRESS

1649 WASHINGTON AVE

CITY - ST - ZIP

MIAMI BEACH FL

TITLE

D

NAME

EDELSBERG, ARIEL

STREET ADDRESS

5370 STATE ROAD 84

CITY - ST - ZIP

FT LAUDERDALE FL 33314

TITLE

D

NAME

DOAR, DORAN

STREET ADDRESS

5370 STATE ROAD 84

CITY - ST - ZIP

FT LAUDERDALE FL 33314

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change

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Addition

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Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

2-20-98

CR2E034 (10/97)