

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 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 # P93000078862 (8)

1. Corporation Name
BERMUDA CLUB CORPORATION



Principal Place of Business 2189 WEST 60TH ST. SUITE 205 HIALEAH FL 33016	Mailing Address 2189 WEST 60TH ST. SUITE 205 HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1151 NE. 18 AVENUE Suite, Apt. #, etc. 22 City & State 23 Homestead, Florida. Zip Country 24 33030 USA		2a. Mailing Address 26 2189 West 60th Street Suite, Apt. #, etc. 27 Suite # 205 City & State 28 Hialeah, Florida Zip Country 29 33016 USA.		3. Date Incorporated or Qualified 11/16/1993	
4. FEI Number 65-0444971		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FANO, JOSE E 2189 WEST 60TH ST. SUITE 205 HIALEAH FL 33016				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				85 FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FANO, JOSE E	1.2 NAME	
STREET ADDRESS	2189 W. 60TH ST. SUITE 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MESA, RAMON	2.2 NAME	
STREET ADDRESS	2189 W. 60TH ST. SUITE 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ **Ramon Mesa** **2/11/98** **(305) 826-2828**

CR2E034 (1097)