

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000010811 (5)**

1. Corporation Name  
**SFA COUNTRY CLUB SOUTH, INC.**



Principal Place of Business  
**8200 SOUTH DADELAND BLVD.  
 SUITE 609  
 MIAMI FL 33156**

Mailing Address  
**8200 SOUTH DADELAND BLVD.  
 SUITE 609  
 MIAMI FL 33156-2796**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/08/1994</b>   | 3a. Date of Last Report<br><b>05/01/1996</b> |
| 4. FEI Number<br><b>65-0465533</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business  
 21 State Agency # of **500**  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 **9095 SW 87 ave**  
 Suite, Apt #, etc  
 27 **Suite 777**  
 City & State  
 28 **Miami, FL**  
 Zip  
 29 **33176** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, AYRIE  
 9095 SW 87 AVE.  
 SUITE 777  
 MIAMI FL 33176**

81 Name  
**MITCHELL, JAMES R**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9095 SW 87TH AVE, #777**  
 83 City  
**MIAMI FL 33176**  
 84 City  
**MIAMI FL 33176**  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0652 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business, or both, in the State of Florida, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.065, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/17/97**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SPEILMAN, ROBERT E</b>                  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>8200 DADELAND BLVD 609</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VSD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MITCHELL, JAMES R</b>                   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>9095 SW 87TH AVE 777</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                            | 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 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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* **Robert E. Spielman** DATE: **1/7/97 3516709700**

CR2E034 (9/96)