FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 10 1997 8:00am
Secretary of State

DOCUMENT # P94000081766

1. Corporation Name

John McLean Tennis Enterprises

Report 61.25

Principal Place of Business	Mailing Address
Dave + Mary Alper Jewish Community Center : 11155 SW 112 Ave Miami Fl. 33176	

3. Date Incorporated or Qualified: Nov. 1994	3a. Date of Last Report:
4. FEI Number: [redacted] 65-0537113	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 Dave + Mary Alper Jewish (JCC) Community Center	26 15010 SW 132 Ave
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Miami Fl	28 City & State: Miami Fl
24 Zip: 33176 25 Country: USA	29 Zip: 33186 30 Country: USA

9. Name and Address of Current Registered Agent

John McLean
15010 SW 132 Ave
Miami Fl 33186

10. Name and Address of New Registered Agent

81 Name: Liliana McLean
82 Street Address (P.O. Box Number is Not Acceptable): 15010 SW 132 Ave
83
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of S.S. 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: John McLean President 3-10-97
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John McLean 15010 SW 132 Ave Miami Fl 33186	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice President Liliana McLean 15010 SW 132 Ave Miami Fl 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition RW 4-10-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500002140655 -04/11/97--01060--013 ***61.25	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: John McLean President 3-10-97 (305) 271-9000 x291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #