

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90065 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734914**

1. Corporation Name  
**THE CHARTER CLUB, INC.**

Principal Place of Business 600 NORTHEAST 36TH STREET MIAMI FL 33137	Mailing Address 600 NORTHEAST 36TH STREET MIAMI FL 33137
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1681500
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIAMONTE, MANUEL B 358 W. 58 TER. HIALEAH FL 33012		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENSOFF, IRVING	1.2 NAME	Mary T. Diaz-Granados, PHD.
STREET ADDRESS	600 NE 36TH STREET	1.3 STREET ADDRESS	600 N.E. 36St. Miami, FL 33137
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRANZA, AUTUMN	2.2 NAME	Cecilia Cervera
STREET ADDRESS	600 NE 36 ST	2.3 STREET ADDRESS	600 N.E. 36 St. Miami, Fl. 33137
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSMINGER, RICHARD	3.2 NAME	Max Arena
STREET ADDRESS	600 NE 36TH STREET	3.3 STREET ADDRESS	600 N.E. 36 St. Miami, FL 33137
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHMUELI, KAL	4.2 NAME	Allen Hasbun
STREET ADDRESS	600 NE 36TH ST	4.3 STREET ADDRESS	600 N.E. 36 St. Miami, FL 33137
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, CAROLINA	5.2 NAME	Kal Shmueli
STREET ADDRESS	600 NE 36TH ST	5.3 STREET ADDRESS	600 N.E. 36 St, Miami, Fl. 33137
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHBUN, ALLEN	6.2 NAME	Carolina Lombardi
STREET ADDRESS	600 NE 36TH ST	6.3 STREET ADDRESS	600 N.E. 36 St. Miami, Fl. 33137
CITY-ST-ZIP	MIAMI FL 33137	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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 01, 21, 1999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (1/98)