PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

CUMENT # P93000054529

M2 CLUB, INC.

FILED 00 APR 24 PM 1: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| M-W- Address | | | |
|--|-----------------------------------|--|--|
| incipal Place of Business BRICKELL AVE - 630 FL 33131 Mailing Address 1401 BRICKELL AVE SUITE 630 MIAMI FL 33131 | | 3. Date Incorporated or Qualified 08/04/1993 | MEAGE -CO |
| | KELL AVENUE | 4. FEI Number 65-0463754 | Applied For Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5U.7E 1200 27 City & State City & State | 1200 | Certificate of Status Desired Election Campaign Financing | Fee Required \$5.00 May Be |
| MIATI FC 28 MIATI Zip Country Zip 33131 25 USA 29 33131 | Country 30 USA | Trust Fund Contribution This corporation owes the current year intangible Personal Property. Name and Address of New Register | Yes No |
| 9. Name and Address of Current Registered Agent LEVENSHON, IRA M 1401 BRICKELL AVE SUITE 630- MIAMI FL 33131 | 81 Name 82 Street Addres | SS (P.O. Box Number is Not Acceptable) BRICKELL AVENUE L 1200 | les! Zin Code |
| Pursuant to the provisions of sections 607.0502 and 607.1508, Florida State of Florida. Such change wa agent. I am familiar with, and accept the obligations of, section 607.0505, GNATURE | utes, the above-named corporation | tion submits this statement for the purpose of solution submits this statement for the purpose of solutions of directors. I hereby accept the ap | f changing its registered |

| | ~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 1 1 | | | |
|--|---|---|--------------------|------------------------------------|--|--|
| 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 biffice 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 Strature, typed or printed name 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 | D | DELETE | 1.1 TITLE | Change Addition | | |
| NAME | MOYA, FRANK | - | 1.2 NAME | 4000032475044 -05/11/0001009022 | | |
| STREET ADDRESS | 801 ARTHUR GODFREY RD SUITE 400 | | 1.3 STREET ADDRESS | -05/11/0001009022 | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | 1.4 CITY-ST-ZIP | ****900.00_ ****300.00 | | |
| TITLE | D | DELETE | 2.1 TITLE | Change Addition | | |
| NAME | LEVENSHON, IRA | _ | 2.2 NAME | | | |
| STREET ADDRESS | -1401-BRICKELL-AVE. STE: 630 | | 2.3 STREET ADDRESS | 777 BRICKELL AVE, SUITE 1200 | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 2.4 CITY-\$T-ZIP | MIANI | | |
| TITLE | | DELETE | 3.1 TITLE | Change Addition | | |
| NAMÉ | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition | | |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZiP | | | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition | | |
| NAME | | | 5.2 NAME | · | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | <u> </u> | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TVTLE | Change Addition | | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | 1 | | 6.3 STREET ADDRESS | | | |
| A | | | C 4 CITY OT 71D | | | |

Thereby 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.

TIA

SIGNATURE:

305-373-800