

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 00 APR 24 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000054529

1. Corporation Name M2 CLUB, INC.

Principal Place of Business BRICKELL AVE 630 FL 33131 Mailing Address 1401 BRICKELL AVE SUITE 630 MIAMI FL 33131

REINSTATEMENT 09-00

2. Principal Place of Business BRICKELL AVENUE SUITE 1200 MIAMI FL 33131 2a. Mailing Address 777 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131

3. Date Incorporated or Qualified 08/04/1993 4. FEI Number 65-0463754 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent LEVENSHON, IRA M 1401 BRICKELL AVE SUITE 630 MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVENUE 83 Suite 1200 84 City MIAMI FL 85 Zip Code 33131

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 [Signature] DATE 4/17/00

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MOYA, FRANK and LEVENSHON, IRA.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include 400003247504-4 and 777 BRICKELL AVE, SUITE 1200 MIAMI FL 33131.

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: [Signature] DATE 3/00/19 305-373-8400 (19)

CR2E034 (5/99)