

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728578 1. Corporation Name THE CLINTON ASSOCIATION, INC.			
Principal Place of Business 6545 INDIAN CREEK DRIVE MIAMI BEACH FL 33141		Mailing Address 6545 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1521822	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARTIN, LUIS 10441 SW 52 ST MIAMI FL 33165				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 <i>Luis Martin, Treasurer</i> 01-23-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LOUIS	1.2 NAME	LUIS MARTIN
STREET ADDRESS	10441 SW 52 ST	1.3 STREET ADDRESS	10441 S.W. 52 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY SD S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL, JORGE	2.2 NAME	RAUL JORGE
STREET ADDRESS	6545 INDIAN CREEK DR #206	2.3 STREET ADDRESS	SAME 6545 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141 #206
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, LORRAINE	3.2 NAME	ERNIE ROCHE
STREET ADDRESS	6545 INDIAN CRK DR #508	3.3 STREET ADDRESS	6545 INDIAN CREEK DR. #509 P.D.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CASTILLO, RAIMUNDO	4.2 NAME	RAIMUNDO DEL CASTILLO
STREET ADDRESS	8095 SW 89 CT	4.3 STREET ADDRESS	SAME 8095 S.W. 89 CT.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VIRE PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFARONE, FRANK	5.2 NAME	FRANK ALFARONE
STREET ADDRESS	61-15 97 AVE #14E	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	REDO PARK NY	5.4 CITY-ST-ZIP	V.D.
TITLE	BM <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COSTALES, GLADYS	6.2 NAME	
STREET ADDRESS	1823 COLLINS AVE., #714	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	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: *Luis Martin* **01-23-99** **305-271-8554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)