

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

63 4/8/94

95 APR 28 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M35198

(4)

1. Corporation Name

CLUB TIPICO DOMINICANO, INC.

Principal Place of Business

1342-44 NW 36TH ST
MIAMI FL

Mailing Address

1036 SW 1 ST
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MIAMI FLA.

City & State

28

Zip

24 33130

County

25 US

Zip

29

County

30

4. FEI Number

59-2690496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FL ANNUAL RPT/CANTERA ASSOCIATES INC.
1036 SW FIRST ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City
MIAMI

FL

85 Zip Code
33130

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 of the individual or individual or firm if applicable

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TD
DE LA CRUZ, LUIS
700 N.E. 28 TERRACE, APT. #803
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PD
DE LA CRUZ, ANDRES
3142 NW 3RD AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
700001475037
-05/04/95--01014--013
****200.00 ****200.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
8/4/28

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

LUIS DE LA CRUZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR