

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

**APPROVED  
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**96 MAY -1 PM 4:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # M35198 (4)**  
1. Corporation Name  
**CLUB TIPICO DOMINICANO, INC.**

Principal Place of Business: **1036 S.W. 1 ST. MIAMI FL 33130**  
Mailing Address: **1036 S.W. 1 ST. MIAMI FL 33130**

3. Date Incorporated or Qualified: **07/15/1986**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-2690496**  
Applied For:  Not Applicable  
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 has liability for intangible tax under s. 199.03?, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 2300 CORAL WAY**  
Suite, Apt. #, etc.: **22**  
City & State: **23 MIAMI FLORIDA,**  
Zip: **24 33145** Country: **25 US.**  
2a. Mailing Address: **26 2300 CORAL WAY**  
Suite, Apt. #, etc.: **27**  
City & State: **28 MIAMI FLORIDA,**  
Zip: **29 33145** Country: **30 US.**

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC**  
**1036 S.W. 1 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): **2300 CORAL WAY SUITE # 200**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0504, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA CRUZ, LUIS</b>	
STREET ADDRESS	<b>700 N.E. 26 TERRACE, APT. #803</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA CRUZ, ANDRES</b>	
STREET ADDRESS	<b>3142 NW 3RD AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>T/D. DE LA CRUZ LUIS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>14225 N.W. 1 STREET</b>	
13 STREET ADDRESS	<b>MIAMI FLORIDA, 33165</b>	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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*[Signature]* **M3511**

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 119.07(3)(k), 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]* **LUIS DE LA CRUZ** DATE: **4/29/96**

CR2E034 (12/95)