· FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35198

(4)

CLUB TIPICO DOMINICANO, INC.

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APPROVED AND FILED

97 MAY -1 AM 8: 34

SECRETARY OF STATE TALL AHASSEE. FLORIDA



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145		Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511				
				•	3. Date incorporated or Qualified 07/15/1986	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 2300 CORAL WAY					59-2690496	Not Applicable
Suite, Apt #, etc 22 # 200		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI FLORIDA		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zıp		untry	8. This corporation has liability for	
24 33145		29 33145	30 US	S		Yes No
	9, Name and Address of Cur			81 Name	10, Name and Address of New Re	gisterad Agent
FLORIDA ANNUAL REPORT SERVICES 2300 CORAL WAY \$200		AUES INC		I wante		
			82 Street A		Address (P.O. Box Number is Not Acceptable)	
., -	VMI FL 33145			63		
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607/1508, Florida S	statutes, the a	above-named cor	poration submits this statement for the	
office or l	registered agent, or being in the St	tate of Florida, Such change in	was authorize 5. Florida Sta	ed by the corpora	poration submits this statement for the stion's board of directors. I hereby acce	pt the appointment as registered
					OPEZ, PRES Y/2	3/95
SIGNATURE	Stgriature, typed or printed name of registered	agent and the if applicable.		ed Agent signature requ		DATE
12.		AND DIRECTORS	13.	·····	ADDITIONS/CHANGES TO OFFI	
THEF	TD	☐ DELETE	1.17	TITLE [Change Addition
NAME	DE LA CRUZ, LUIS		1.21	NAME		
STHEET ADDRESS	14225 N.W. 1 STREET			STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145	DELETI		CITY-ST-ZIP		Change Addition
TITLE	DE LA CRUZ, ANDRES	☐ DELET	1	TITLE		
NAME	3142 NW 3RD AVE			NAME	5000021	1684555 /9701133003
STREET ADDRESS	MIAMI FL		1	STREET ADDRESS	-05/06,	/9701133003
C-TY - ST - ZIP	MICANI F L	DELETE		CITY-ST-ZIP		55.00 ****165.00 Change 165.00
NAME		beech		NAME		
STREET ADDRESS				STREET ADDRESS		
				CITY-ST-ZIP		'
CITY - ST - ZIP TITLE		DELETI		TITLE		Change Addition
NAME	1			···		
			4.2	NAME I		
				NAME STREET ANDRESS		
STREET ADDRESS			4.3	STREET ADDRESS		
		. DELETI	4.3 5		·	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		. DELETI	4.3 s 4.4 s E 5.1	STREET ADDRESS City-St-Zip	·	Change Addition
STREET ADDRESS CITY-ST-7IP TITLE NAME		. DELETI	4.3 5.2 5.2 1	STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		. DELETI	4.3 \$ 4.4 £ 5.1 \$ 5.2 £ 5.3 \$	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	. m. d)	Change Addition
STREET ADDRESS CITY-ST-7IP TITLE NAME		. DELETI	4.3 \$ 4.4 5.1 5.2 5.3 5.4 6.4 6.5 6.5 6.5 6.6 6.7 6.8 6.8 6.8 6.8 6.9	STREET ADDRESS CITY-ST-ZIP TITLE NAME	\P15\\	Change Addition
STREET ADDRESS CITY-SE-ZIP THEE NAME STREET ADDRESS CITY-SE-ZIP			4.3 \$ 4.4 4 5.1 5.2 1 5.3 5.4 6 6.1	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1875/1	•
STREET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS CITY-SE-ZIP TITLE			4.3 4.4 4.4 E 5.1 5.2 I 5.3 5.4 E 6.1 6.2 I	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1875/1	

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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 it changed, or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A SUR ED

+/9/3/7/ Date D

Daytime Phone #