FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N49523** (6)

1. Corporation Name
SPANISH AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9356 PORT ST. LUCIE FL 34985	P.O. BOX 9356 PORT ST. LUCIE FL 34985

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 05/02/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0371740 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANTA, HERMAN
2291 N.E. PINECREST LAKES BLVD.
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: Pete Echevarria
82 Street Address (P.O. Box Number is Not Acceptable): 1557 S.E. Clearbrook St.
83: Port St. Lucie, Fl 34983
84 City: **FL** 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: Pete Echevarria — Pete Echevarria — 2/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTA, HEMMAN 2291 N.E. PINCREST LKS. BLVD. JENSEN BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P=Pete Echevarria P.D. 1557 S.E Clearbrook St Port St. Lucie, FL 34983 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTILLO, ANTONIO MD. 800 EAST OCEAN BLVD. STUART FL 34994	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V=Isa Bryson V.P.D. 734 S.E. Essex Dr. Port St. Lucie, FL 34984 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARNAO, JOSE M 114 S.E. NARANJA AVENUE PORT ST. LUCIE FL 34983	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T=Arnaldo Palenzuela T.D. 656 S.E. Starfish Ave. Port St. Lucie, FL 34983 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLARK, VERA J 4696 S.W. LEIGHTON FARM ROAD PALM CITY FL 34990	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S=Odette Gayoso 2773 S.E. Gardfield Ave. Port St. Lucie, FL 34952 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRYSON, ISABEL 261 S.W. OAKRIDGE DR. PORT ST. LUCIE FL 34984	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V=Lilian Bohorquez 1596 S.E. Balcourt Ct Port St. Lucie, FL34952 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001749372 -03/19/96--01078--034 ***61.25 ☐ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pete Echevarria — 2/1/96 — (407) 879-6595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #