

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N49523

1. Corporation Name

SPANISH AMERICAN CLUB, INC.

Principal Place of Business

P.O. BOX 9356  
PORT ST. LUCIE FL 34985

Mailing Address

P.O. BOX 9356  
PORT ST. LUCIE FL 34985

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90064 043 \*\*\*\*61.25



|                                |  |                     |  |                                                                                                             |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                           |  |
| 21                             |  | 26                  |  | 06/24/1992                                                                                                  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                               |  |
| 22                             |  | 27                  |  | 65-0371740                                                                                                  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                 |  |                                                                                                             |  |
| 24                             |  | 29                  |  |                                                                                                             |  |
| Country                        |  | Country             |  |                                                                                                             |  |
| 25                             |  | 30                  |  |                                                                                                             |  |

9. Name and Address of Current Registered Agent

PALENZUELA, ARNALDO  
656 SE STARFISH AVE  
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name Yolanda Sanchez  
82 Street Address (P.O. Box Number is Not Acceptable)  
105SE Superior Way  
83  
84 City Stuart FL 85 Zip Code 34997

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 Yolanda Sanchez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

| 12. OFFICERS AND DIRECTORS |                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE                     | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                                       | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                                       | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D Wilfredo Gonzalez <input type="checkbox"/> DELETE   | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 550 NW Sagamore Terrace                               | 2.2 NAME                                              | Maria Peterson                                                               |
| STREET ADDRESS             | Port St. Lucie FL 34983                               | 2.3 STREET ADDRESS                                    | 1997 SW Stratford Way                                                        |
| CITY-ST-ZIP                |                                                       | 2.4 CITY-ST-ZIP                                       | Palm City, FL 34990                                                          |
| TITLE                      | T Cesar Baharquez <input type="checkbox"/> DELETE     | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1596 SE Balcourt Ct.                                  | 3.2 NAME                                              | Josefina Gerena                                                              |
| STREET ADDRESS             | Port St. Lucie, FL 34984                              | 3.3 STREET ADDRESS                                    | 2043 SE N. Blackwell Dr.                                                     |
| CITY-ST-ZIP                |                                                       | 3.4 CITY-ST-ZIP                                       | Port St. Lucie, FL 34952                                                     |
| TITLE                      | S Isabel Bryson <input type="checkbox"/> DELETE       | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 734 SE Essex Dr.                                      | 4.2 NAME                                              | Ddette M. Gayoso                                                             |
| STREET ADDRESS             | Port St. Lucie, FL 34984                              | 4.3 STREET ADDRESS                                    | 16922 NW 19th St.                                                            |
| CITY-ST-ZIP                |                                                       | 4.4 CITY-ST-ZIP                                       | Pembroke Pines, FL 33028                                                     |
| TITLE                      | V Herman Santau <input type="checkbox"/> DELETE       | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2091 NE Pinecrest Lake Blvd.                          | 5.2 NAME                                              | Olga Gonzalez                                                                |
| STREET ADDRESS             | Jensen Beach, FL 34952                                | 5.3 STREET ADDRESS                                    | 550 NW Sagamore Terrace                                                      |
| CITY-ST-ZIP                |                                                       | 5.4 CITY-ST-ZIP                                       | Port St. Lucie, FL 34983                                                     |
| TITLE                      | PD Arnaldo Palenzuela <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 656 SE Starfish Ave.                                  | 6.2 NAME                                              | Yolanda Sanchez                                                              |
| STREET ADDRESS             | Port St. Lucie, FL 34983                              | 6.3 STREET ADDRESS                                    | 105SE Superior Way                                                           |
| CITY-ST-ZIP                |                                                       | 6.4 CITY-ST-ZIP                                       | Stuart, FL 34997                                                             |

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:

Arnaldo Palenzuela  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

954-438-5525

Daytime Phone #

CR2E037 (11/98)