

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MORTIMER
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **N07879** (2)

CLUB SAN LUIS, INC.

APPROVED
FILED

APR 27 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 550 NW 42ND AVENUE
SUITE 203
MIAMI FL 33126

Mailing Address: 550 NW 42ND AVENUE
SUITE 203
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1985** 3a. Date of Last Report: **04/06/1994**

4. FET Number: **59-2500670** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 25. Country:

2a. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. Zip: 30. Country:

9. Name and Address of Current Registered Agent

CAPDEVILA, ROBERTO
1350 W 35TH ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature) (Typed or printed name of registered agent and the corporation)

(Signature) (Typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE: PD
2. NAME: CAPDEVILA, ROBERTO
3. STREET ADDRESS: 1350 W 35TH ST
4. CITY, ST, ZIP: HIALEAH FL

1. TITLE: VD
2. NAME: ALVAREZ, JOSE
3. STREET ADDRESS: 2820 SW 98TH CT
4. CITY, ST, ZIP: MIAMI FL

1. TITLE: DS
2. NAME: SASTRE, JUAN
3. STREET ADDRESS: 5430 W 8TH LANE
4. CITY, ST, ZIP: HIALEAH FL

1. TITLE: TD
2. NAME: ALVAREZ, ENRIQUE
3. STREET ADDRESS: 414 SW 98TH CT
4. CITY, ST, ZIP: MIAMI FL

1. TITLE: TD
2. NAME: DAGNERY, JOSE A.
3. STREET ADDRESS: 511 W. 33RD ST.
4. CITY, ST, ZIP: HIALEAH FL

1. TITLE: SD
2. NAME: CAPDEVILA, ROBERTO
3. STREET ADDRESS: 1350 W. 35TH ST.
4. CITY, ST, ZIP: HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PD ☒ Change ☐ Addition
2. NAME: Enrique Alvarez
3. STREET ADDRESS: 414 S.W. 98th Ct.
4. CITY, ST, ZIP: Miami, FL 33174

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY, ST, ZIP: ☐ Change ☐ Addition

1. TITLE: Secr. ☒ Change ☐ Addition
2. NAME: Flora Suarez
3. STREET ADDRESS: 5430 W. 4th Lane
4. CITY, ST, ZIP: Hialeah, FL 33012

1. TITLE: V. Secr. ☒ Change ☐ Addition
2. NAME: Lergia Sastre
3. STREET ADDRESS: 5430 W. 8th Lane
4. CITY, ST, ZIP: Hialeah FL 33012

1. TITLE: Treas. ☒ Change ☐ Addition
2. NAME: Osvaldo Mayor
3. STREET ADDRESS: 5560 W. 8th Avenue
4. CITY, ST, ZIP: Hialeah, FL 33012

1. TITLE: ☒ Change ☐ Addition
2. NAME: Jose Luis Osequera
3. STREET ADDRESS: 11371 S.W. 27th St.
4. CITY, ST, ZIP: Miami FL 33265

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(3)(k), Florida Statutes. Further, I 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 have been or become empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Osvaldo Mayor Treas. 4/24/95 (305) 445-6606

Date

Signature (Typed Name)