

# 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 # N07879**

**(2)**

1. Corporation Name

**CLUB SAN LUIS, INC.**



Principal Place of Business

Mailing Address

**550 NW 42ND AVENUE  
SUITE 203  
MIAMI FL 33126**

**550 NW 42ND AVENUE  
SUITE 203  
MIAMI FL 33126**

3. Date Incorporated or Qualified  
**02/27/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **SUAREZ, FLORA**  
CITY-STATE-ZIP **5430 W 4TH LANE  
HIALEAH FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **ALVAREZ, JOSE**  
CITY-STATE-ZIP **2820 SW 98TH CT  
MIAMI FL**

TITLE ☐ DELETE  
NAME **VS**  
STREET ADDRESS **SASTRE, LERGIA**  
CITY-STATE-ZIP **5430 W 8TH LANE  
HIALEAH FL**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **ALVAREZ, ENRIQUE**  
CITY-STATE-ZIP **414 SW 98TH CT  
MIAMI FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **MAYOR, OSVALDO**  
CITY-STATE-ZIP **5560 W 8TH AVE  
HIALEAH FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **OSEQUERA, JOSE LUIS**  
CITY-STATE-ZIP **11371 SW 27TH ST  
MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**Vice President**

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oswaldo Mayor Treas.**

**03/05/96**

**445-6606**

Date

Daytime Phone

CR2E037 (12/95)