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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07879** (2)
1. Corporation Name
CLUB SAN LUIS, INC.

Principal Place of Business 550 NW 42ND AVENUE SUITE 200 MIAMI FL 33126	Mailing Address 550 NW 42ND AVENUE SUITE 200 MIAMI FL 33126
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/27/1985	4. FEI Number 59-2500670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CAPDEVILA, ROBERTO 1350 W 35TH ST. HIALEAH FL 33012	
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10. Name and Address of New Registered Agent 81 Name Raul de Armas 82 Street Address (P.O. Box Number is Not Acceptable) 14523 S.W. 84th Street 83 84 City Miami FL 85 Zip Code 33183	
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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 **RAUL DE ARMAS** *Raul de Armas* DATE **03/11/98**
(Signature, typed or printed name of registered agent and title if applicable) (NONE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, FLORA 5430 W 4TH LANE HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, JOSE 2820 SW 98TH CT MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SASTRE, LERGIA 5430 W 8TH LANE HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, ENRIQUE 414 SW 98TH CT MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYOR, OSVALDO 5580 W 8TH AVE HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSEQUERA, JOSE LUIS 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-ST-ZIP	S Raul de Armas 14523 S. W. 84th St. Miami, Florida 33183
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Jose Alvarez 10700 N.W. 25th St. Miami, Florida 33172
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VS Pedro Alvares 12130 S.W. 99th St. Miami, Florida 33186
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Juan R. Rodriguez 1111 S.W. 93rd. Pl. Miami, Florida 33174
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Angel Garcia 1945 S.W. 17th Ct. Miami, Florida 33186
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VT Jose M. Gillis 11255 S.W. 55th St. Miami, FL 33330

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.

SIGNATURE: *Raul de Armas* 03/11/1998 305- 445-6606

CR2E037 (10/97)