

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **728578** (6)
1. Corporation Name
THE CLINTON ASSOCIATION, INC.

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| Principal Place of Business 6545 INDIAN CREEK DRIVE MIAMI BEACH FL 33141 | Mailing Address 6545 INDIAN CREEK DRIVE MIAMI BEACH FL 33141 |
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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 01/08/1974 | 4. FEI Number 59-1521822 | 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 checked="" type="checkbox"/> Yes <input 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 | | |

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| 9. Name and Address of Current Registered Agent MARTIN, LUIS 10441 SW 52 ST MIAMI FL 33165 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | MARTIN, LOUIS |
| STREET ADDRESS | 10441 SW 52 ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | RAUL, JORGE |
| STREET ADDRESS | 6545 INDIAN CREEK DR |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | HARDY, LORRAINE |
| STREET ADDRESS | 6545 INDIAN CRK DR #508 |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | DEL CASTILLO, RAIMUNDO |
| STREET ADDRESS | 8095 SW 89 CT |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ALFARONE, FRANK |
| STREET ADDRESS | 61-15 97 AVE #14E |
| CITY-ST-ZIP | REDO PARK NY |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | GLADYS COSTALES |
| 1.3 STREET ADDRESS | 1623 COLLINS AVE. #714 |
| 1.4 CITY-ST-ZIP | MIAMI BEACH, FL. 33134 |
| 2.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | RAUL JORGE |
| 2.3 STREET ADDRESS | 6545 INDIAN CREEK DR #206 |
| 2.4 CITY-ST-ZIP | MIAMI BEACH, FL. 33141 |
| 3.1 TITLE | BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | LORRAINE HARDY |
| 3.3 STREET ADDRESS | (SAME) |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | JANET BRITO |
| 4.3 STREET ADDRESS | 6545 INDIAN CREEK DR. #509 |
| 4.4 CITY-ST-ZIP | MIAMI BEACH, FL. 33141 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: **LUIS MARTIN** *Luis Martin* 04-04-98 305-2718557

CR2E037 (10/97)