

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:02

DOCUMENT # **714409** (0)

1. Corporation Name
DADE AMATEUR GOLF ASSOCIATION, INC.

Principal Place of Business Mailing Address
1802 NORTHWEST 37TH AVENUE
MIAMI FL 33125-1052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1968	3a. Date of Last Report 03/11/1994
4. FEI Number 23-7069300	Applied For 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. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

DELUCCA, CHARLES, JR.
6840 LOCH NESS DR.
MIAMI LAKES FL 33014

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

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, CHAS. JR.	1.2 NAME	
STREET ADDRESS	6840 LOC NESS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ALLAN	2.2 NAME	
STREET ADDRESS	4545 S.W. 94TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOILOFF, WILLIAM	3.2 NAME	DELETE
STREET ADDRESS	10230 SW 106TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PIFFER, CHARLES A.
STREET ADDRESS		4.3 STREET ADDRESS	324 MENDOZA AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HURSTEIN, OSCAR
STREET ADDRESS		5.3 STREET ADDRESS	1401 S.W. 85TH COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MILLER, JAY J.
STREET ADDRESS		6.3 STREET ADDRESS	7620 N.E. 7TH COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL

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 110.07(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]

PRESIDENT

MARCH 7, 1995

(305) 633-4583

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Two

Daytime Phone #