FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718425 (2)

1. Corporation Name

CLUB HISPANO AMERICANO DE BREVARD, INC.

Principal Place of Business	Mailing Address
2787 CHAPPARAL DRIVE MELBOURNE FL 32934 US	2787 CHAPPARAL DRIVE MELBOURNE FL 32934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2129419 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALACIOS, FERNANDO 618 EAUGALLEE BOULEVARD MELBOURNE 32935	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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☑ Change ☐ Addition
NAME	LONGA, ERNESTO	12 NAME	ESTHER BARBA	
STREET ADDRESS	1330 DOLPHIN AVENUE	13 STREET ADDRESS	970 SOUTHFORK CIRCLE	
CITY ST ZIP	MERRITT ISLAND FL	14 CITY ST ZIP	MELBOURNE, FLORIDA 32901	
TITLE	SD	21 TITLE	S/D	☐ Change ☐ Addition
NAME	BARGA, ESTHER	22 NAME	ANA DIAZ	
STREET ADDRESS	970 SOUTHFORK CIRCLE	23 STREET ADDRESS	523 KARNEY AVE. N.E.	
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP	PALM BAY, FLORIDA 32907	
TITLE	TD	31 TITLE	T/D	☐ Change ☐ Addition
NAME	WILLIAM, WALLACE	32 NAME	WILLIAM WALLACE	
STREET ADDRESS	2787 CHAPPARAL DRIVE	33 STREET ADDRESS	2787 CHAPPAREL DRIVE	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	MELBOURNE, FLORIDA 32934	
TITLE	VD	41 TITLE	V/D	☑ Change ☐ Addition
NAME	SILVESTRE, HECTOR	42 NAME	GEORGE ROMEROSA	
STREET ADDRESS	1503 S. PINE STREET	43 STREET ADDRESS	304 DARTMOUTH AVE.	
CITY ST ZIP	MELBOURNE FL	44 CITY ST ZIP	MELBOURNE, FLORIDA 32901	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Julian E. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM E. WALLACE

April 26, 1995 (407) 861-1161
Date Daytime Phone #

0031868