

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32934-6226 US

3. Date Incorporated or Qualified <b>04/28/1970</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2129419</b>	Applied For <input type="checkbox"/> Not Applicable
21 <b>812 ROSTOCK CIR.</b> Suite, Apt. #, etc.	26 <b>812 ROSTOCK CIR.</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 <b>PALM BAY</b> City & State	27 <b>PALM BAY</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 <b>FLORIDA</b> Zip	28 <b>FLORIDA</b> Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>32907</b>	25 <b>USA</b>	29 <b>32907</b>	30 <b>USA</b>

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	85 Zip Code
			<b>FL</b>	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIAZ, AWA</b>	1.2 NAME	<b>MOSQUERA, MARTA</b>
STREET ADDRESS	<b>523 KARNEY AVE NE</b>	1.3 STREET ADDRESS	<b>625 DARTMOUTH AVE</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32901</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARGA, ESTHER</b>	2.2 NAME	<b>BARBA, ESTHER</b>
STREET ADDRESS	<b>970 SOUTHFORK CIRCLE</b>	2.3 STREET ADDRESS	<b>970 SOUTH FORK CIR.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	<b>MELBOURNE FL. 32901</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM, WALLACE</b>	3.2 NAME	<b>URBINA, MANUEL</b>
STREET ADDRESS	<b>2787 CHAPPARAL DRIVE</b>	3.3 STREET ADDRESS	<b>812 ROSTOCK CIR.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	<b>PALM BAY FL. 32907</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROVIROSA, GEORGE</b>	4.2 NAME	<b>URBINA, ARLETTE</b>
STREET ADDRESS	<b>304 PARTMOUTH AVE</b>	4.3 STREET ADDRESS	<b>812 ROSTOCK CIR.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	<b>PALM BAY, FL. 32907</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)