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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 740787 (7)
1. Corporation Name
DEPORTIVO DE FOMENTO, INC.

Principal Place of Business Mailing Address
**4975 WEST 16TH AVENUE
P.O. BOX 112195
HIALEAH FL 33011-7787
33010-2195**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1977** 3a. Date of Last Report **05/27/1994**
4. FEI Number **65-0151779** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**VILLALBA, NICHOLA
3501 NW 48ST
MIAMI FL 33142**

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 607.025, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-11-95**
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when installing

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **VILLALBA, NICHOLAS
3501 NW 48 ST
MIAMI FL**
VP **ZERQUERA, RENE
1050 W 56 ST #2405
HIALEAH FL**
DS **MARIN, IDELIO
7101 BYRON AVE #203
MIAMI BCH FL**
D **NODAL, PEDRO M.
823 W 37 ST.
HIALEAH FL**
T **SERAFIN, RAMON A.
3660 W 4 AVE
HIALEAH FL**
VT **GONZALEZ, REINERIO
295 E 38 ST
HIALEAH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 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]* DATE **4-11-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Chapter Number #