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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740787

1. Corporation Name

DEPORTIVO DE FOMENTO, INC.

* 4 429367 - 90108 - 48

Principal Place of Business

P.O. BOX 112195
 HIALEAH FL 33011-2195
 US

Mailing Address

P.O. BOX 112195
 HIALEAH FL 33011-2195
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/16/1977

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

9. Name and Address of Current Registered Agent

NODAL, PEDRO M
 1810 W 56 ST #3408
 HIALEAH FL 33012

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 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

TITLE P DELETE
 NAME PINOT, PEDRO
 STREET ADDRESS 365 W 52 ST
 CITY-ST-ZIP HIALEAH FL 33012

TITLE S DELETE
 NAME CABRERA, M. RYAN
 STREET ADDRESS 1430 W 40 ST
 CITY-ST-ZIP HIALEAH FL 33012

TITLE D DELETE
 NAME GARCIA, FELIX
 STREET ADDRESS 13440 SW 28 ST
 CITY-ST-ZIP MIAMI BCH FL

TITLE DT DELETE
 NAME NODAL, PEDRO M
 STREET ADDRESS 1810 W 56 ST APT 3408
 CITY-ST-ZIP HIALEAH FL

TITLE D DELETE
 NAME DELVALLE, AVILIO
 STREET ADDRESS 1850 W 56 ST APT 2112
 CITY-ST-ZIP HIALEAH FL

TITLE VT DELETE
 NAME GONZALEZ, REINERIO
 STREET ADDRESS 295 E 36 ST
 CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
 1.2 NAME NICOLAS PEREZ
 1.3 STREET ADDRESS 15613 NW 14 ST
 1.4 CITY-ST-ZIP PEMBROKE PINE, FL 33029

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS 4655 PALM AVE. APT 128
 4.4 CITY-ST-ZIP

5.1 TITLE DS. Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

Daytime Phone #

CR2E037 (11/98)