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 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750591 (0)

1. Corporation Name
CLUB BORINQUEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4812 NORTH CORTEZ STREET TAMPA FL 33614	4812 NORTH CORTEZ STREET TAMPA FL 33614

3. Date Incorporated or Qualified: 01/11/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2158245 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

~~GONZALEZ, FELIPE~~
~~2708 POWHATAN AVE~~
~~TAMPA FL 33614~~

10. Name and Address of New Registered Agent

81 Name: FRANCES WICK
82 Street Address (P.O. Box Number is Not Acceptable): 2910 W. ST. JOHN
83
84 City: TAMPA, FL 85 Zip Code: 33607

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: Frances Wick - Frances Wick — DATE: 4-26-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D.	☑ Change ☐ Addition
NAME	~~GONZALEZ, FELIPE~~	1.2 NAME	Marrero, Julio	
STREET ADDRESS	~~2708 POWHATAN~~	1.3 STREET ADDRESS	8402 Westridge Dr.	
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	Tpa, Fla. 33615	
TITLE	VD	2.1 TITLE	V.D.	☑ Change ☐ Addition
NAME	MARRERO, JULIAN	2.2 NAME	Santiago, Jose	
STREET ADDRESS	8402 WESTRIDGE DR	2.3 STREET ADDRESS	8302 Sosa Pl.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Fla. 33615	
TITLE	SD	3.1 TITLE	S.D.	☑ Change ☐ Addition
NAME	~~MARRERO, MARCIA~~	3.2 NAME	Santiago, Esmeralda	
STREET ADDRESS	~~8402 WESTRIDGE DR~~	3.3 STREET ADDRESS	8302 Sosa Pl.	
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP	Tampa, Fla. 33615	
TITLE	TD	4.1 TITLE	T.D.	☑ Change ☐ Addition
NAME	~~MAX, RAMIREZ~~	4.2 NAME	Freyre, Ilda	
STREET ADDRESS	~~8739 N 30TH ST #A~~	4.3 STREET ADDRESS	7305 Fountain Ave.	
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	Tpa, Fla. 33634	
TITLE	D	5.1 TITLE	D.	☑ Change ☐ Addition
NAME	~~MENDOZA, GERMAN~~	5.2 NAME	Ymea, Elda	
STREET ADDRESS	~~4507 W IDLEWILD AVE~~	5.3 STREET ADDRESS	2303 Bell Chase Cir.	
CITY-ST-ZIP	~~TAMPA FL~~	5.4 CITY-ST-ZIP	Tpa, Fla. 33617	
TITLE	D	6.1 TITLE	D.	☑ Change ☐ Addition
NAME	~~CASTELLANOS, LUIS~~	6.2 NAME	Miguel Sierra	
STREET ADDRESS	~~9804 ARGON DR~~	6.3 STREET ADDRESS	2910 St. John	
CITY-ST-ZIP	~~TAMPA FL~~	6.4 CITY-ST-ZIP	Tpa, Fla. 33609	

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)(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: ELBA FREYRE - Elba Freyre Treasurer — 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #