

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **750591** (0)

1. Corporation Name

CLUB BORINQUEN, INC.



Principal Place of Business

**4812 NORTH CORTEZ STREET
TAMPA FL 33614**

Mailing Address

**4812 NORTH CORTEZ STREET
TAMPA FL 33614**

3. Date Incorporated or Qualified

01/11/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2158245

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WICK, FRANCES
2910 WEST ST. JOHN
TAMPA FL 33607**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE
NAME **SANTIAGO, JOSE**
STREET ADDRESS **8302 DASA PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ DELETE
NAME **MARRERO, JULIAN**
STREET ADDRESS **8402 WESTRIDGE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE
NAME **SANTIAGO, ESMERALDA**
STREET ADDRESS **8302 DASA PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ DELETE
NAME **FRLYNE, ELBA**
STREET ADDRESS **7305 FOUNTAIN AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **ULNES, CLDA**
STREET ADDRESS **2303 BELL CHASE CIR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **MIGUEL, SIERRA**
STREET ADDRESS **2910 ST. JOHN**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ELBA FREYRE**
1.3 STREET ADDRESS **7305 FOUNTAIN AVE.**
1.4 CITY-ST-ZIP **TAMPA, FL. 33634**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **FELIPE GONZALEZ**
2.3 STREET ADDRESS **8320 DRYCREEK DR.**
2.4 CITY-ST-ZIP **TAMPA, FL. 33615**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **ANA G. CHEVERE**
3.3 STREET ADDRESS **8320 DRYCREEK DR.**
3.4 CITY-ST-ZIP **TAMPA, FL. 33615**

4.1 TITLE **TD** ☐ Change ☐ Addition
4.2 NAME **FRANCES WICK**
4.3 STREET ADDRESS **2910 W. ST. JOHN**
4.4 CITY-ST-ZIP **TAMPA, FL. 33607**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **ANGEL VIERA**
5.3 STREET ADDRESS **4011 W. CLEVELAND ST.**
5.4 CITY-ST-ZIP **TAMPA, FL. 33607**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **EMMA MARTINEZ**
6.3 STREET ADDRESS **3303 W. ELLICOTT**
6.4 CITY-ST-ZIP **TAMPA, FL. 33614**

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: **Frances Wick (Frances Wick) Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

Date

813-873-7159

Daytime Phone #

CR2E037 (12/95)