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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33614-6508

3. Date Incorporated or Qualified

01/11/1980

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2158245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

WICK, FRANCES
2910 WEST ST. JOHN
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

ELBA FREYRE

82 Street Address (P.O. Box Number is Not Acceptable)

7305 FOUNTAIN AVE.

83

TAMPA

84 City

FL

85 Zip Code

33634

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 ELBA FREYRE TREASURER *Elba Freyre* 4-20-97

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	FREYRE, ELBA	7305 FOUNTAIN AVE	TAMPA FL	<input checked="" type="checkbox"/>
VP	GONZALEZ, FELIPE	8320 DRYCREEK DR	TAMPA FL	<input checked="" type="checkbox"/>
SD	CHEVERE, ANA G	8320 DRY CREEK DR	TAMPA FL	<input checked="" type="checkbox"/>
TD	WICK, FRANCES	2910 W ST JOHN	TAMPA FL	<input checked="" type="checkbox"/>
D	VIERA, ANGEL	4011 W CLEVELAND ST	TAMPA FL	<input checked="" type="checkbox"/>
D	MARTINEZ, EMMA	3303 W ELLICOTT	TAMPA FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	RAFAEL VALLELO	6521 N. ROME AVE	TPA, FLA. 33604	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	ROBERTO PEREZ	303 S. TAMPA AVE	TAMPA FLA. 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.D.	IVAN MORALES	5108 W. LESHER CT.	TPA FLA. 33604	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.D.	ELBA FREYRE	7305 FOUNTAIN AVE	TPA FLA. 33634	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	RAMON CRUZ	6217 N. HALE ST.	TPA, FLA. 33634	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	FELIPE GONZALEZ	8320 DRY CREEK DR.	TPA, FLA. 33615	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Signature Required Treasurer - 4/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048198

CR2E037 (9/96)