

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 # **759348** (6)
1. Corporation Name

ASOCIACION DE CAZADORES CUBANOS, INC.



Principal Place of Business: **2640 S.W. 108TH AVE. MIAMI FL 33165**
Mailing Address: **2640 S.W. 108TH AVE. MIAMI FL 33165**

3. Date Incorporated or Qualified: **07/28/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2205179**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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

**DIAZ, GUILLERMO SR.
2640 S.W. 108TH AVE.
MIAMI FL 33165**

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: _____ DATE: _____
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	<input checked="" type="checkbox"/> DELETE
NAME	LEGORBURN, TONY	
STREET ADDRESS	9701 S.W. 96 CT	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MENOCAL, RAINMUNDO	
STREET ADDRESS	10101 KENDALE BLVD.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, MIGUEL	
STREET ADDRESS	3301 SW 110 CT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUILLERMO, DIAS S	
STREET ADDRESS	2640 S.W. 108TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEDRO HERNANDEZ	
1.3 STREET ADDRESS	13350 S.W. 59TH AVE.	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
2.1 TITLE	V.P. ANTONIO LEGORBURN VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANTONIO LEGORBURN	
2.3 STREET ADDRESS	9701 S.W. 96 CT.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33176	
3.1 TITLE	SECRETARY SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANZ ARAUGO	
3.3 STREET ADDRESS	7300 S.W. MILLER DR	
3.4 CITY-ST-ZIP	MIAMI, FL 33155	
4.1 TITLE	TREASURER TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001750743	
5.3 STREET ADDRESS	-03/26/96--01027--005	
5.4 CITY-ST-ZIP	33101, 25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Franz Araugo* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-18-96** Phone #: **(305) 665-1469**

CR2E037 (12/95)