## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 759348 1. Corporation Name

ASOCIACION DE CAZADORES CUBANOS, INC.

Princi	ipal F	lace	of	Busir
7300	S.W.	MILL	ER	DR
MIAL	1 51	2216		

Mailing Address

7300 S.W. MILLER DR MIAMI FL 33155

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90127 031 \*\*\*\*61.25

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- 5 KB <b>4</b> (0 3 <b>B B b</b> ) <b>E</b> (5 <b>B</b> )	88   1551   8138   1816   818   1 8   8   2   8   8   8   8   8   8   8	
	88           87   84     1812   87   87   87   87   87   87   87   8	

2. Principal P	incipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 07/28/1981			
,	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For		
27		27	i]		59-2205179	- Not Applicable		
City & State		City & State	<b>¬</b> '		1.5 Cortifocto of Statue Decired	.75 Additional ee Required		
Zip	Country Zip Cour				6. Election Campaign Financing S	5.00 May Be		
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	dded to Fees		
	9. Name and Address of Curre		11		10. Name and Address of New Registered Agent			
			81	Name		•		
ADANGO EDANZ A				OR Characteristics (CO O O All Markers in Alex Accordable)				
ARANGO, FRANZ A 7300 S.W. MILLER DR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL			83					
MIPONI FL	33133							
			84	City	*FL  85	Zlp Code		
11 D	to the section of Captions 617 05	02 and 617 1509 Florida Statut	toe the above	anamed c	corporation submits this statement for the purpose of change	ing its registered		
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	iuthorized by	the corpo	oration's board of directors. I hereby accept the appointmen	as registered		
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statutes	•	·	1.		
SIGNATURE					required when relocation). DATE	<u> </u>		
40	Signature, typed or printed name of registered agr		Registered Ages	it signature re	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12		
12.	<del></del>	ND DIRECTORS  DELETE		· · · · · ·		hange		
TITLE	PD MADOLAG	DELEVE	1.1 TITLE		<i>       </i>	lange		
NAME	MARIANO, MARCIAS	•	1.2 NAME		ALBERTO SOLARES			
STREET ADDRESS	4918 S.W. 74 CT		1.3 STREE	FADORESS	7625 n.w. 54 thst			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-S	T-ZIP	MIAMI FC 37/66			
TITLE	VPD	DELETE	2.1 TITLE	1	\ <i>/ D h '</i>	hange		
NAME	LEGORBORU, ANTONIO	•	2.2 NAME	1	JOHN ALEXANDER			
STREET ADDRESS	9701 S.W. 96 CT.		2.3 STREE	ADDRESS	5825 S.W. 99 Terr,			
CITY-ST-ZIP	MIAMI FL 33176	•	2.4 CITY-	T-ZIP	MIAMI FC 33/56-			
TITLE	SD	☐ DELETE	3.1 TITLE			hange Addition		
NAME	ARANGO, FRANZ		3.2 NAME					
STREET ADDRESS	7300 S.W. MILLER DR		3.3 STREE	ADORESS				
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-5	- 1				
TITLE	TD	DELETE	4.1 TITLE			hange Addition		
NAME	SUAREZ, MIGUEL		4.2 NAME					
	3301 S.W. 110 CT			ADDRESS				
STREET ADDRESS	MIAMI FL 33165		4.4 CITY- 9	- 1				
CITY-ST-ZIP	MIAWI FE 33 103	☐ DELETE	5.1 TITLE	1-21		hange		
TITLE		C.) DELETE	5.1 TITLE 5.2 NAME					
NAME				TADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		C DELETE	5.4 CITY-9 6.1 TITLE	1-71L	Tio Tio	hange Addition		
TITLE		☐ DELETE		ł				
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS	•			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		A the information		
					d in Section 110 07/3\(ii) Florida Statutes I further certify th:			

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.

1-6-99 (305) 663-8678