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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N03867 (1)

1. Corporation Name

CASINO ESPANOL DE LA HABANA, INC.



Principal Place of Business

Mailing Address

4416 S.W. 132 PLACE
MIAMI FL 33175
US

4416 S.W. 132 PLACE
MIAMI FL 33175-3927
US

3. Date Incorporated or Qualified
06/22/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2395171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

MATOS, GABRIEL
13391 SW 26TH TERRACE
MIAMI FL 33175

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, BENJAMIN	
STREET ADDRESS	4416 S.W. 132 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LACAL, EMILIO	
STREET ADDRESS	7890 S.W. 18 TERR.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLINA, LUIS	
STREET ADDRESS	1865 BRICKEL AVE. #A-409	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALEA, GUIDO E.	
STREET ADDRESS	1310 S.W. 22ND TERR.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, FERNANDO	
STREET ADDRESS	9454 SW 77TH AVE., APT. S-2	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATOS, GABRIEL	
STREET ADDRESS	13391 SW 26TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97 (30) 573-2860
Daytime Phone # 0032884

CR2E037 (9/96)