

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FLORIDA TEJO SPORT CLUB, INC.

N19536

W98-10452

Principal Place of Business

15610 N.W. 47 AV

Mailing Address

5340 SW 92 AV
MIAMI, FL 33165

REINSTATEMENT

97-98

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

MIAMI, FL

24

Zip

Country

2a. Mailing Address

26

5340 SW 92 AV

27

Suite, Apt. #, etc.

28

City & State

29

MIAMI, FL

30

Zip

Country

3. Date Incorporated or Qualified

03/05/87

4. FEI Number

65-00-87994

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

OMAR AYALA 5340 SW 92 AV
MIAMI, FL 33165

10. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OMAR AYALA	
STREET ADDRESS	5340 SW 92 AV	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARLOS DELGADO	
STREET ADDRESS	11111 sw 13 st pem. pines, fl	
CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Guillermo Lozano	
STREET ADDRESS	2295 sw 183 terr silver lks,	
CITY - ST - ZIP	fl 33029	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Arturo Celis	
STREET ADDRESS	1040 ne 213 terr n.m.b., fl	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002556780--1
1.3 STREET ADDRESS	-06/11/98--01058--014
1.4 CITY - ST - ZIP	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000002556780--1
2.3 STREET ADDRESS	-06/11/98--01058--013
2.4 CITY - ST - ZIP	****236.25 ****236.25
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 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]

OMAR AYALA

4-22-98

Date

Daytime Phone: #

CR2E037 (10/97)