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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20146

(9)

1. Corporation Name

CLUB DE CAZADORES, INC.



Principal Place of Business

**9782 S.W. 133TH TERRACE
MIAMI FL 33176**

Mailing Address

**9782 S.W. 133TH TERRACE
MIAMI FL 33176**

3. Date Incorporated or Qualified
04/15/1987

3a. Date of Last Report
05/18/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, OSCAR M., JR.
9782 S.W. 133TH TERRACE
MIAMI FL 33176**

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** ☐ DELETE
NAME **VAZQUEZ, EVERTO**
STREET ADDRESS **940 SYLVANIA BLVD**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ALVAREZ, ALVARO**
STREET ADDRESS **4620 SW 135 AVE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **NORBERTO LERA**
2.3 STREET ADDRESS **8740 SW 102 ST**
2.4 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ DELETE
NAME **DIAZ, JUAN**
STREET ADDRESS **5226 N W 7TH ST, #B-311**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **RAIMUNDO ALONSO**
3.3 STREET ADDRESS **3644 SW 112 AVE**
3.4 CITY-ST-ZIP **MIAMI FL 33162**

TITLE **VPD** ☒ DELETE
NAME **FRAXEDA, ENRIQUE**
STREET ADDRESS **8456 GLENCAIEN TERR**
CITY-ST-ZIP **MIAMI LAKES FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **CARLOS M. POVEA**
4.3 STREET ADDRESS **4420 SW 57 AVE**
4.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SD** ☐ DELETE
NAME **ARIAS, ROSARIO**
STREET ADDRESS **2871 W 76TH ST., #202**
CITY-ST-ZIP **HIALEAH GARDENS FL**

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **ESPINOSA, ROGELIO**
STREET ADDRESS **2990 SW 109TH AVE.**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

(305) 232 8336

CR2E037 (12/95)