

**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 # 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  
21 [ ]      2a. Mailing Address  
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 **59-2842940**      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**  
**TORRES, OSCAR M., JR.**  
**9782 S.W. 133TH TERRACE**  
**MIAMI FL 33176**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, EVERTO	
STREET ADDRESS	940 SYLVANIA BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ALVARO	
STREET ADDRESS	4620 SW 135 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, JUAN	
STREET ADDRESS	5226 N W 7TH ST, #B-311	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRAXEDA, ENRIQUE	
STREET ADDRESS	8456 GLENCAIEN TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARIAS, ROSARIO	
STREET ADDRESS	2871 W 76TH ST., #202	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ESPINOSA, ROGELIO	
STREET ADDRESS	2990 SW 109TH AVE.	
CITY-ST-ZIP	MIAMI FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORBERTO LERA	
2.3 STREET ADDRESS	8740 SW 102 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAIMUNDO ALMAN	
3.3 STREET ADDRESS	3644 SW 112 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33162	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARLOS M. POVEON	
4.3 STREET ADDRESS	4420 SW 57 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33155	
5.1 TITLE	DIRECTOR	<input checked="" 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 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: \_\_\_\_\_ *Alvarez*      3/10/96      (305) 232 8336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (12/95)