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'NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N33370

1. Corporation Name

(0)

INTERNATIONAL FRONTENNIS ASSOCIATION, CORP.

HAT CHIM	ATIONAL THONTENNIS AS	SOCIATION, CON			
Principal Place of Business		Mailing Address		I INDICIONAL MANAGEMENT OF A STATE AND A STATE OF A STA	'st billit gelti bibit bibit bibit bibit bibit bebi
7301 N.W 77TI MIAMI FL 3316 US		7210 SW 86 AVE MIAMI FL 33143			
00				3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 04/19/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032, Yes \[\begin{align*} \text{No} \\ \end{align*}
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes L 10. Name and Address of New Re	
	g. Hambatta Radiosa V. Cario	in riogistates rigon	81 Name		
MADTINE	z, fernando e.		Me	-rtinez Fernance	E.
7210 SW	•		82 Street Ar	ddress (P.O. Box Number is Not Acceptable	Street
MIAMI FL			83	3 00 7 7	<u> </u>
MINAMI I E	33143				
•			84 City	iani	FL 85 Zp Code 3 3,73
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpoord of directors. I hereby accept the appoint	ose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	ed by the corporation's b i.	oard or directors. I hereby accept the appoi	nument as registered agent. Fam
SIGNATURE	4	. />	VILO-Pre	sidont.	5-30-46
SIGNATORE _	Signature, typed or printed name of registered ager		TE Fiegistered Agent signature req	ured when reinstalings	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	-Ð	DELETE	1.1 TITLE	President	Change Addition
NAME	MORALES, SILVIO R.		1.2 NAME	Silvio A. Morales 11880 S.W. 46 St	
STREET ADDRESS	11880 SW 46 ST		1.3 STREET ADDRESS	11880 3 W. 40 37	[*]
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	Miami, Floride	Change Addition
TITLE M	D Castro, Hugo A.	DELETE		Treasurer	Tachange Modified
NAME U	2100 W 76 ST		2 2 NAME	Hugo A. Castro 2100 West 76	ه ۱.
STREET ADDRESS	HIALEAH FL		2 3 STREET ADDRESS	Hialcah, Fi	
CITY-ST-ZIP TITLE	NALEAN FL	DELETE	2 4 CHY-ST-ZIP 3 1 TIFLE	Hickory, Fl.	Change Addition
NAME	RUIZ, HUGO J	Motter	3 2 NAME		
STREET ADDRESS	3760 SW 141 AVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	_	ì
TITLE	-B	DELETE		Nuc- President 1	Change Addition
NAME	MARTINEZ, FERNANDO E.	_	4 2 NAME	Vice-President d Fernando E. Ma 9400 S w 77	17 inez
STREET ADDRESS	-7210 SW 86 AVE-		4 3 STREET ADDRESS	9400 5 W 77	Street
CITY-ST-ZIP	-MIAMI-FL		. 4.4 CITY-ST-ZIP	MIOMI, Fl 3=	3173
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	4000018F	S
NAME			6.2 NAME	4000018 E -06/20/96010	54033 6/20
STREET ADDRESS			6 3 STREET ADDRESS	***61.25	/ <i>IB</i>
CITY-ST-ZIP			6 4 CITY - ST - ZIP		12

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 DEFICER OR DIRECTOR

5-30-96 (305)592 6366
Daytone Prome 1

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