

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1996 JUL 16 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34639 (7)

1. Corporation Name

PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.

Principal Place of Business

Mailing Address

~~14301 SW 92 AVE~~
~~MIAMI FL 33176~~

~~14301 SW 92 AVE~~ P.O. BOX 14-4511
~~MIAMI FL 33176~~ CORAL GABLES,
FL 33114-4511

6039 COLLINS AVE PH27
MIAMI BEACH, FL 33140

2. Principal Place of Business

2a. Mailing Address

21 6039 COLLINS AVE

26 P.O. BOX 14-4511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PH27

27

City & State

City & State

23 MIAMI BEACH FL

28 CORAL GABLES FL

Zip

Zip

24 33140

29 33114-4511

30

Country

Country

3. Date Incorporated or Qualified
10/12/1989

3a. Date of Last Report
03/02/1995

4. FEI Number
NOT APPLICABLE

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

~~SAMEN, CHARLES C~~
~~14301 SW 92 AVE~~
~~MIAMI FL 33176~~

81 Name OSCAR A. CARRAZANA

82 Street Address (P.O. Box Number is Not Acceptable)
6039 COLLINS AVE - PH27

83

84 City MIAMI BEACH

FL

85 Zip Code 33140

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

Oscar A. Carrazana
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME ~~HAGOPIAN, JACK H.~~
STREET ADDRESS ~~89335 OVERSEAS HWY~~
CITY-ST-ZIP ~~KEY LARGO FL~~

TITLE **SD** ☐ DELETE

NAME **SAMEN, CHARLES C**
STREET ADDRESS **14301 SW 92ND AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE

NAME ~~CARRAZANA, OSCAR A~~
STREET ADDRESS ~~6039 COLLINS AVE PH27~~
CITY-ST-ZIP ~~MIAMI BEACH FL~~

TITLE **VPD** ☒ DELETE

NAME **TITLEMAN, JOSEPH**
STREET ADDRESS **1083 N.E. 210TH TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **VTD** ☐ DELETE

NAME ~~OSCAR A. CARRAZANA~~
STREET ADDRESS ~~6039 COLLINS AVE PH27~~
CITY-ST-ZIP ~~MIAMI BEACH, FL 33140~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **MANUEL RODRIGUEZ**
1.3 STREET ADDRESS **1470 N.W. 196. TERR.**
1.4 CITY-ST-ZIP **MIAMI, FL 33169**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **400001896304**
2.3 STREET ADDRESS **-07/17/96-01030-013**
2.4 CITY-ST-ZIP *******86.25 *****73.75**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **JOSE PRIETO**
3.3 STREET ADDRESS **2274 S.W. 15 ST.**
3.4 CITY-ST-ZIP **MIAMI, FL 33145**

4.1 TITLE **VPD** ☒ Change ☐ Addition

4.2 NAME **AL URBINATI**
4.3 STREET ADDRESS **20035 N.E. 2 PL - MIAMI, FL 33179**
4.4 CITY-ST-ZIP **MIAMI, FL 33179**

5.1 TITLE **VTD** ☐ Change ☒ Addition

5.2 NAME **OSCAR A. CARRAZANA**
5.3 STREET ADDRESS **6039 COLLINS AVE PH27**
5.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

6.1 TITLE **VSD** ☐ Change ☒ Addition

6.2 NAME **RICHARD ALVERSHIRE**
6.3 STREET ADDRESS **9740 NW 2 AVE**
6.4 CITY-ST-ZIP **MIAMI, FL 33150-1727**

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:

Oscar A. Carrazana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR KT.

OSCAR A. CARRAZANA 7/1/96

(305) 866-9186

Date

Daytime Phone #

CR2E037 (12/95)