

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

DOCUMENT # N34639 (7)  
1. Corporation Name  
PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.

FILED

98 JUN -5 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

6039 COLLINS AVE.  
PH 27  
MIAMI BEACH FL 33140

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PH 27  
MIAMI BEACH FL 33140~~

3. Date Incorporated or Qualified

10/12/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRAZANA, OSCAR A  
6039 COLLINS AVE., PH 27  
MIAMI BEACH FL 33140

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  
NAME RODRIGUEZ, MANUEL  
STREET ADDRESS 1470 N.W. 196TH TERR.  
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE RICHARD ALVERSHIRE ☒ Change ☐ Addition  
1.2 NAME 9740 NW 2ND AVE  
1.3 STREET ADDRESS MIAMI, FL 33150-1727  
1.4 CITY-ST-ZIP

TITLE SD  
NAME JOHN TALAMINI  
STREET ADDRESS 2905 POINT EAST DR., L602  
CITY-ST-ZIP NORTH MIAMI BCH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 500002554725-3  
2.3 STREET ADDRESS -06/10/98-01051-026  
2.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE TD  
NAME PRIETO, JOSE  
STREET ADDRESS 2274 S.W. 15TH ST.  
CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE VTD ☒ Change ☐ Addition  
3.2 NAME OSCAR A. CARRAZANA  
3.3 STREET ADDRESS 6039 COLLINS AVE PH27  
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VPD  
NAME URBINATI, AL  
STREET ADDRESS 20035 N.E. 2ND PL  
CITY-ST-ZIP MIAMI FL 33179

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VTD  
NAME TITLEMAN, IOE  
STREET ADDRESS 1093 N.E. 210 TERRACE  
CITY-ST-ZIP N. MIAMI BCH FL

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

TITLE VSD  
NAME ALVERSHIRE, RICHARD  
STREET ADDRESS 9740 N.W. 2ND AVE.  
CITY-ST-ZIP MIAMI FL 33150-1727

6.1 TITLE ☐ Change ☐ 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:

*Oscar A. Carrazana*

4/30/98

(305) 866 9186

CR2E037 (10/97)