

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34639

1. Corporation Name

PAST DISTRICT GOVERNOR'S ASSOCIATION OF 35-A, INC.

Principal Place of Business

Mailing Address

6039 Collins Avenue, PH 27 P.O. Box 14-4511
 Miami Beach, Florida 33140 Coral Gables, Florida
 33114-4511

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4840 West 2nd Lane	26 4840 West 2nd Lane	10/12/89
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	4. FEI Number
City & State	City & State	Applied For
23 Hialeah, Florida	28 Hialeah, Florida	<input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33012 25 USA	29 33012 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSCAR A. CARRANZA
 6039 Collins Avenue, PH 27
 Miami Beach, Florida 33140

81 Name	ORESTES NORIEGA
82 Street Address (P.O. Box Number is Not Acceptable)	4840 West 2nd Lane
83	
84 City	Hialeah, Florida FL 85 Zip Code 33012

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)

June 22, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvershire, Richard	1.2 NAME	Noriega, Orestes
STREET ADDRESS	9740 N.W. 2nd Avenue	1.3 STREET ADDRESS	4840 West 2nd Lane
CITY-ST-ZIP	Miami, Florida 33150-1727	1.4 CITY-ST-ZIP	Hialeah, Florida 33012
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Talamani, John	2.2 NAME	Lim, Cecilio
STREET ADDRESS	2905 Point East Drive, L602	2.3 STREET ADDRESS	13341 SW 104 Avenue
CITY-ST-ZIP	North Miami Beach, Florida	2.4 CITY-ST-ZIP	Miami, Florida 33136
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carranza, Oscar-A.	3.2 NAME	
STREET ADDRESS	6039 Collins Avenue, PH27	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33140	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Urbinati, Al	4.2 NAME	Tidwell, Arthur
STREET ADDRESS	20035 N.E. 2nd Place	4.3 STREET ADDRESS	13890 N.W. 186 Street
CITY-ST-ZIP	Miami, Florida 33179	4.4 CITY-ST-ZIP	Miami, Florida 33018
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Titleman, Joe	5.2 NAME	Hagopian, Jack
STREET ADDRESS	1093 N.E. 210 Terrace	5.3 STREET ADDRESS	P.O. Box 804
CITY-ST-ZIP	North Miami Beach, Florida	5.4 CITY-ST-ZIP	Key Largo, Florida 33037
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

Date

(305) 545-7984

Daytime Phone #

CR2E037 (11/98)