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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

(9)

FILED Mar 06 1998 8:00am Secretary of State

CLUB DE VETERANOS URUGUAYOS, INC.											
	Place of Busines 45TH LANE 3178	s	1035	Mailing Address 10355 N.W. 45TH LANE MIAMI FL 33178					3. Date Incorporated or Qualified 03/26/1991 4. FEI Number Applied For		
L ·	al Place of Busi	ness	2a.	2a. Mailing Address					65-0309310 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
21			26	· · · • · · · · · · · · · · · · · · · ·					Fee Required		
Suite, Apt. #, etc.			├ ─¬	Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?		
Zip Country			28	Zip Country			y		8. This corporation owes or has paid the current year Intangible		
24 25			29	29 30					Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Cur	rent Regist	ered Agent			T		10. Name and Address of New Registered Agent		
1						81	^	ame			
PETKOVICH, JOSE 10355 N.W. 45TH LANE MIAMI FL 33178						82	S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
						83	-				
							_	•	lori 7's Code		
						84	1	ity	FL 85 Zip Code		
SIGNATU 12. THUE	Signature, types	d or printed name of registered		f applicable	(NOTE: Regist	ered Ap	en1 s		oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered ad when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
STREET ADDE	STREET ADDRESS 12035 SW 116 TERRACE			1.3 STREET ADDRESS			T ADE	ress			
CITY-ST-ZIP			DELETE			1.4 CITY-ST-ZIP		P	Change Addition		
NAME STREET ADDR	ESS 2655 CC	ADEMAR DLLINS AVE.		_			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP	D MICMI D	EACH FL	· · · · · · · · · · · · · · · · · · ·	DELETE 3.1 TO			31-2	<u>" </u>	Change Addition		
NAME STREET ADOF	BENEDE 12403 S	tto, roberto W 104 LN.		3			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
TITLE NAME STREET ADOR	D STANHA 11300 S	D STANHAM, PETER 11300 S.W. 67TH AVE. MIAMI FL		☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		RESS	☐ Change ☐ Addillon		
TITLE NAME STREET ADDI	PESS			☐ DELETE		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		RESS	☐ Change ☐ Addition		
CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF	LE ME REET ADDRESS Y-ST-ZIP			DELETE 6.1 6.2 6.3		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		RESS	Change Addition		
14. I here	eby certify that the	ual raport or suppleme	halal aanual	report is true and	ify for the	exemp	otion	stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an uired by Chapter 617, Florida Statutes; and that my name appears in		