

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 011 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42695

1. Corporation Name

CLUB DE VETERANOS URUGUAYOS, INC.

Principal Place of Business

10355 N.W. 45TH LANE
MIAMI FL 33178

Mailing Address

10355 N.W. 45TH LANE
MIAMI FL 33178



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4315 N.W. 7 ST		26 4315 N.W. 7 ST		03/26/1991	
22 Suite, Apt. #, etc. 22-25		27 Suite, Apt. #, etc. 22-25		4. FEI Number 65-0309310	
23 City & State MIAMI FL		28 City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33126 Country DAE		29 Zip 33126 Country DAE		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

PETKOVICH, JOSE
10355 N.W. 45TH LANE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name	PETKOVICH JOSE
82 Street Address (P.O. Box Number is Not Acceptable)	4315 N.W. 7 ST. # 22-25
83	
84 City	MIAMI FL
85 Zip Code	33126

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	D <input type="checkbox"/> DELETE	1.1 TITLE	DUCIO BEROSPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLANA, EDUARDO	1.2 NAME	1516 W. 41st St.
STREET ADDRESS	12035 SW 116 TERRACE	1.3 STREET ADDRESS	MIAMI FL 33012
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCE, ADEMAR	2.2 NAME	
STREET ADDRESS	2655 COLLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTO, ROBERTO	3.2 NAME	
STREET ADDRESS	12403 SW 104 LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANHAM, PETER	4.2 NAME	
STREET ADDRESS	11300 S.W. 67TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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

Date

Daytime Phone #

CR2E037 (5/99)