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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48334 (9)
1. Corporation Name
CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC.



Principal Place of Business 979 DEAN CIRCLE DELTONA FL 32738 US	Mailing Address 979 DEAN CIRCLE DELTONA FL 32738 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 04/08/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3115794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CRUZ, MIKE A.
979 DEAN CIRCLE
DELTONA FL 32738**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, MIKE A.	1.2 NAME	
STREET ADDRESS	979 DEAN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, PAT	2.2 NAME	
STREET ADDRESS	979 DEAN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, RICHARD	3.2 NAME	
STREET ADDRESS	13416 LAKE MARY JANE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINTANILLA, ROSE	4.2 NAME	S
STREET ADDRESS	928 VICKSBURG ST	4.3 STREET ADDRESS	YAMAGUCHI, DEBBIE
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	5616 KILDARE CT
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOVES, HERMAN	5.2 NAME	P
STREET ADDRESS	12513 AUTUMBROOK TRAIL E	5.3 STREET ADDRESS	GUERRERO, DAVID
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	8514 CHARLESGATE CIRCLE E.
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, GEORGE	6.2 NAME	VP
STREET ADDRESS	3910 HOLLOWDS DR	6.3 STREET ADDRESS	BENAVENTE, FRANK
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	637 CHARLES PINCKNEY ST
			ORANGE PARK, FL 32073

14. I do 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 _____ DATE **4/25/97** (04) 736-5922

CR2E037 (9/96)