FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48493** **(3)**

1. Corporation Name

CASA BLANCA RANCHO CLUB, INC.

Principal Place of Business	Mailing Address
20204 NW 37 AVE CAROL CITY FL 33055	20204 NW 37 AVE CAROL CITY FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LLAGUNO, RENE
20204 NW 37 AVE
CAROL CITY FL 33055

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MALAGON, LUIS	12 NAME	NOGUERA, ALEX F.	
STREET ADDRESS	20204 NW 37TH AVE	13 STREET ADDRESS	20204 NW 37 Ave.	
CITY-ST-ZIP	CAROL CITY FL	14 CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE	VSD	21 TITLE	VD	☒ Change ☐ Addition
NAME	LLAGUNO, RENE	22 NAME	FERNANDEZ, RODOLFO	
STREET ADDRESS	20204 NW 37TH AVE	23 STREET ADDRESS	20204 NW 37 Ave.	
CITY-ST-ZIP	CAROL CITY FL	24 CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SOTO, PEDRO	32 NAME	LEDOUX, IGNACIO	
STREET ADDRESS	20204 NW 37TH AVE	33 STREET ADDRESS	20204 NW 37 Ave.	
CITY-ST-ZIP	CAROL CITY FL	34 CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ ALEX E. NOGUERA 4/12/95 (305) 544-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #