

FILE NOW: FILING FEE IS \$61.25

FILED

May 23 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 # **N94000002396 (9)**

1. Corporation Name

LIGA HONDURENA DE FOOTBALL SOCCER DE MIAMI INC.

Principal Place of Business

2637-A N.W. 20TH STREET
MAIMI FL 33142
US

Mailing Address

6311 NW 110 TERR.
HIALEAH FL 33012-2352
US



2. Principal Place of Business

21 **6311 NW 110 TERR**

Suite, Apt. #, etc.

City & State

23 **HIALEAH FL. 33012**

Zip

24 **33012**

Country

25 **USA**

2a. Mailing Address

26 **SAME ABOVE**

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0481120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DERAS, JORGE A.
6311 N.W. 110 TERR
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

JORGE A. DERAS

82 Street Address (P.O. Box Number is Not Acceptable)

6311 NW 110 TERR

83

84 City

HIALEAH

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERAS, JORGE A.	
STREET ADDRESS	6311 N.W. 110 TERR	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IZAGUIRRE, CIPRIANO	
STREET ADDRESS	405 N.W. 37 STREET #5	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVERA, MANUEL	
STREET ADDRESS	3109 N.W. 21 COURT APT. #2	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JOSE A.	
STREET ADDRESS	8142 SW 163 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUNEZ, ERNESTO	
STREET ADDRESS	2637-A N.W. 20TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUCEDA, REYNA	
STREET ADDRESS	6311 NW 110 TERR.	
CITY-ST-ZIP	HIALEAH FL 33142	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE A. DERAS	
1.3 STREET ADDRESS	6311 N.W. 110 TERR	
1.4 CITY-ST-ZIP	HIALEAH FL 33012	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CIPRIANO IZAGUIRRE	
2.3 STREET ADDRESS	405 N.W. 37 STREET # 5	
2.4 CITY-ST-ZIP	MIAMI, FL. 33127	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIVERA, MANUEL	
3.3 STREET ADDRESS	3109 N.W. 21 COURT APT. # 2	
3.4 CITY-ST-ZIP	MIAMI, FL 33142	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSE A. HERNANDEZ	
4.3 STREET ADDRESS	8142 S.W. 163 PL	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33193	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARLOS VIQUEIRA	
5.3 STREET ADDRESS	1440 S.W. 4TH STREET	
5.4 CITY-ST-ZIP	MIAMI, FL. 33135	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REYNA SAUCEDA	
6.3 STREET ADDRESS	6311 NW 110 TERR	
6.4 CITY-ST-ZIP	HIALEAH FL 33142	

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:

[Signature] REQUIRED

May 16-97

Date

Daytime Phone # 0083010

CR2E037 (9/96)