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 MAY 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004215 (9)**

1. Corporation Name
NICARAGUAN-AMERICAN GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 N FEDERAL HWY #D HOLLYWOOD FL 33020	500 N FEDERAL HWY #D HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:
4. FEI Number: ☑ 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
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

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

9. Name and Address of Current Registered Agent

FARMER, DANIEL R
500 N FEDERAL HWY #D
HOLLYWOOD FL 33020

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
(If changing Registered Agent, Registered Agent's signature required before mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RIVAS, PABLO	12 NAME	
STREET ADDRESS	9022 SW 123RD CT #205	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	CARDENAL, EDUARDO	22 NAME	
STREET ADDRESS	14148 SW 62ND ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TERAN, ALEJANDRO	32 NAME	
STREET ADDRESS	240 W MCINTIRE ST	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	DEL CARMEN, EDUARDO J	42 NAME	
STREET ADDRESS	10240 SW 142ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	OCON, EVARISTO MD	52 NAME	
STREET ADDRESS	4308 UNIVERSITY DR	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33146	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)(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: Evaristo Ocon — 5/2/95 — (305) 227-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005A031