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FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004215 (9)

1. Corporation Name

NICARAGUAN-AMERICAN GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

500 N FEDERAL HWY #D  
HOLLYWOOD FL 330204308 UNIVERSITY DR.  
CORAL GABLES FL 33146-11433. Date Incorporated or Qualified  
08/26/19943a. Date of Last Report  
05/01/19964. FEI Number  
65-0518294Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name OCON, EVARISTO M.D.

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

4308 UNIVERSITY DR.

CORAL GABLES FLA

84 City

CORAL GABLES

FL

85 Zip Code

33146

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 DP ☐ DELETE  
NAME RIVAS, PABLO  
STREET ADDRESS 9022 SW 123RD CT #205  
CITY-ST-ZIP MIAMI FL 33186TITLE DS ☐ DELETE  
NAME CARDENAL, EDUARDO  
STREET ADDRESS 14148 SW 62ND ST  
CITY-ST-ZIP MIAMI FL 33183TITLE D ☐ DELETE  
NAME TERAN, ALEJANDRO  
STREET ADDRESS 240 W MCINTIRE ST  
CITY-ST-ZIP KEY BISCAYNE FL 33149TITLE DV ☐ DELETE  
NAME DEL CARMEN, EDUARDO J  
STREET ADDRESS 10240 SW 142ND ST  
CITY-ST-ZIP MIAMI FL 33176TITLE DT ☐ DELETE  
NAME OCON, EVARISTO MD  
STREET ADDRESS 4308 UNIVERSITY DR  
CITY-ST-ZIP CORAL GABLES FL 33146TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030459

CR2E037 (9/96)

EVARISTO OCON 2/28/97 (305) 287-5566