

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004215 (9)
 1. Corporation Name
NICARAGUAN-AMERICAN GOLF ASSOCIATION, INC.

Principal Place of Business 500 N FEDERAL HWY #D HOLLYWOOD FL 33020	Mailing Address 4308 UNIVERSITY DR. CORAL GABLES FL 33146
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3. Date Incorporated or Qualified 08/26/1994	
4. FEI Number 65-0518294	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 14371 SW 116 Terr	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Miami, Florida	City & State 28
Zip 24 33186	Country 25 USA
Country 25 USA	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent

**EVARISTO, OCON M
4308 UNIVERSITY DR
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RIVAS, PABLO	
STREET ADDRESS	9022 SW 123RD CT #205	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARDENAL, EDUARDO	
STREET ADDRESS	14148 SW 62ND ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERAN, ALEJANDRO	
STREET ADDRESS	240 W MCINTIRE ST	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEL CARMEN, EDUARDO J	
STREET ADDRESS	10240 SW 142ND ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OCON, EVARISTO MD	
STREET ADDRESS	4308 UNIVERSITY DR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Juan Jose Lugo
2.3 STREET ADDRESS	7500 SW 107 Str.
2.4 CITY-ST-ZIP	Miami, FL 33156
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Jorge Montelegre
3.3 STREET ADDRESS	1322 Carthage Ave.
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ **April 9/98 305-533-2727**

CR2E037 (10/97)