


FILE NOW: FILING FEE IS \$61.25

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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90015 022 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004215

1. Corporation Name

NICARAGUAN-AMERICAN GOLF ASSOCIATION, INC.

Principal Place of Business

14371 SW 116 TERRACE
MIAMI FL 33186
US

Mailing Address

4308 UNIVERSITY DR.
CORAL GABLES FL 33146



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/26/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number: 65-0518294	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVARISTO, OCON M
4308 UNIVERSITY DR
CORAL GABLES FL 33146

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVAS, PABLO	1.2 NAME	
STREET ADDRESS	9022 SW 123RD CT #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, JUAN JOSE	2.2 NAME	
STREET ADDRESS	7500 SW 107 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEALEGRE, JORGE	3.2 NAME	
STREET ADDRESS	1322 CASTLE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CARMEN, EDUARDO J	4.2 NAME	
STREET ADDRESS	10240 SW 142ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCON, EVARISTO MD	5.2 NAME	
STREET ADDRESS	4308 UNIVERSITY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99

305-533-2727

0031592

CR2E037 (11/98)