DOCUMENT # N94000005724

1. Entity Name

UNITED STATES CUBAN- AMERICAN GOLF ASSOCIATION, INC



FILED

03 JUN -3 PM 12: 21

SEGNEDATY OF STATE TALLAHI SSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
15033 SW 1101 TERM	15033 SW 110 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
غم ا	

DO NOT WRITE IN THIS SPACE

City & State

1 M 1 A M 1, FL

City & State

M 1 A M 1, FL

City & State

M 1 A M 1, FL

Country

Applied For

Not Applied For

## DO NOT WRITE IN THIS SPACE

ME-JAYE				ree Required		
7.	7. Name and Address of Current Registered Agent					
Name DEL	10 7	TRE.	<b>J</b> 0	-		
Street Address (P.O	. Box Number is N	lot Accepta	ble)			
5240	5W	89	PL			
City MIAA	n /		FL	Zip Code 33,65		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## FEE IS \$61.25 Initial or Amended UBR

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

en e	annua or American Con		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARANGO, MARIO 15033 SW 110 M TERRACE MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100020525521 06/04/0301062004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORRAL, MARÍANO	TITLE NAME STREET ADDRESS CITY: ST-ZIP.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IGLESIAS, JORGE	NAME STREET ADDRESS - CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TREJO, DELIO 5240 SWI 89 PL MIAMI, FL 33165	THLE NAME STREET ADDRESS CHY-ST-ZP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELASCO, ARY SR.	TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESTRE, LOURDES 2055 SW 84 AVE. MIAMIFE 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all the click empowered.

SIGNATURE:

DELIO TREJO TREASULED

5/30/03 596-633:

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