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99 AFR 30 AT 9: 24

SEUNI MINY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005146

LA GUACARA SUPER CLUB, INC.

Principal Plac	ce of Business	Mailing Address			
2300 CORAL V		2300 CORAL WAY			
#200	MAI	#200 CORAL WAT			
MIAMI FL 33145		MIAMI FL 33145		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	a	I a set or and		01/16/1996	111
÷ı '.	Place of Business	2a. Mailing Address		4, FE1 Number 65-0661614	Applied For
Suite, Apt) CORAL WAY	26 2300 COR	AL WAY		Not Applicable \$8.75 Additional
	TE #200	27 SUITE #20	00	5. Certifuate of Status Desired []	Fee Required
City & Sta	and the second s	City & State		6. Election Campaign Financing 7.	\$5.00 May Be
23 MIAN		28 MIAMI	FLORIDA	Trust Fund Contribution	Added to Fees
Zip −1 non i	Country	Ζφ	Country	8. This corporation owes the current year	
24 3314		29 MIAMI	30 33145	Personal Property Tax	[Yes
	9. Name and Address of Current	r Registered Agent	B1 Name	10. Name and Address of New Register	ea Agent
FLORIDA ANNUAL REPORT SERVICES				ress (P.O. Box Number is Not Acceptable)	
2300 CORAL WAY 82 Street Addr					
	COND FLOOR		83		" Ì
MIA	MI FL 33145		101		11.12714.18.17
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	rand 607.1508 Florida Statu	ites, the above named cor	poration submits this statement for the purpose bon's board of directors. Thereby accept the ap	of changing its registered
agent. I a	registered ageny or bein, in the State of alm familiar with Japa aloget the objight	ng rionda. Such change was Ngris of Seguen 607.0505, Fi	aumonzeo by the corpora: lorida Statutes		
SIGNATURE	THUM!	MA AMAI	DA CANTERA LOP		- 99
	Signature typed of Year Millianus of regulated lagers OFFICERS ANI		16. Registrated Agent separation to a separ	research total	
12.	PSD DEFRIENS AN	[DELETE	13. 11 Tage	ADDITIONS/CHANGES TO OFFICERS	[Change
NAME	DE LA CRUZ, LUIS S		1.2 NAM5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADORESS	4 4445 44 44 44 44 44 44		1.3 STREET ADDRESS		
CiTY-ST-ZiP	MIAMI FL 33168		1.4 City - \$1 - ZiF1		
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TITLE	}	[DELETE	311/10		[{Change [] Addition
NAME	.[3.2 NAME		
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CITY-ST-ZIP TITLE	 	Lipétere	34 CHY-S1-ZH-		[Change [Addition
NAME:	1	1 1000016	4 2 NAME		()
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CITA-S1-ZIP	1		4 4 CBY -57 26		1
TITLE	1	[DELFTE	5.1 THEF		[1] Change [1] Addition
NAME			5.2 NAMe		
STREET ADDRESS	5		53 STREET ACKIRESS	•	
CITY-ST-ZIP	1		5.4 City - \$1 - 76	. m w/20	_ [
TITLE		[DELETE	6.1 TiflE	/(N/N)	[Change [Addition
NAME			6.2 NAME	11/2	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fronda 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPEO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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