

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 27 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87607 (5)

1. Corporation Name

INTERNATIONAL JUNIOR GOLF OF AMERICA, INC.

Principal Place of Business

**% CARLOS MARULANDA S.
7880 N. UNIVERSITY DR., SUITE 100
TAMARAC FL 33321**

Mailing Address

**% CARLOS MARULANDA S.
7880 N. UNIVERSITY DR., SUITE 100
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0292207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**S, CARLOS MARULANDA
7880 N. UNIVERSITY DRIVE
SUITE 100
TAMARAC FL 33321**

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

**S, CARLOS MARULANDA
3760 INVERRARY DR N3P
LAUDERHILL FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

NAME

**MARULANDA, EDGAR
3760 INVERRARY DR N3P
LAUDERHILL FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

DO

NAME

**MARULANDA, PABLO A
18444 NW 9TH COURT
PEMBROKE PINES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

DO

NAME

**CESAR, MARULAND A
694 STANTON DR
FT. LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

D / O / S

☒ Change

☐ Addition

1.2 NAME

MARULANDA, CARLOS A.

1.3 STREET ADDRESS

**668 STANTON DRIVE
FORT LAUDERDALE, FL 33326**

1.4 CITY - ST - ZIP

2.1 TITLE

P

☒ Change

☐ Addition

2.2 NAME

MARULANDA, EDGAR

2.3 STREET ADDRESS

**2684 RIVIERA COURT
FORT LAUDERDALE, FL 33332**

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

33029

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

33326

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARLOS A. MARULANDA

04-18-95

(305) 722-2837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature/Phone #)