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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

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STREET ADDRESS

SIGNATURE:

1996

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CUBAN AMERICAN GOLFERS ASSOCIATION, INC.

Maling Address Principal Place of Business SE F ALVAREZ & CO. PA SE F ALVAREZ & CO. PA 782 NW 42 AVE. SUITE 545 782 NW 42 AVE. SUITE 545 MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1995 01/10/1992 Applied For 4, FEI Number 2a. Maling Aridress 2. Principal Place of Business Not Applicable 65-0305876 26 21 \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ALVAREZ, EMILIO **5785 SOUTHWEST 48 STREET** 83 **MIAMI FL 33155** Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE CR2E034 (12/95) Signature, typical or printed that or all oxymboral dipological and the interpological in ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Change Add tion DELETE TITLE 1.2 NAME ALVAREZ, EMILIO A NAME 1.3 STREET ADDRESS 5785 SOUTHWEST 48 STREET STREET ADDRESS MIAMI FL 1.4 City - \$1 - ZiF CITY-ST-ZIP Addition Change CELETE 2 1 TULE TITLE 2.2 NAME CONSUEGRA, ROGELIA JR NAME 2.3 STREET ADURESS 1768 SW 15 STREET STREET ADURESS MIAMI FL 24 CHY ST ZiF CHTY-ST-ZiP ☐ Addition ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STHEFT ACCRESS STREET ADDRESS 3.4 CITY - ST- ZIP DITY-ST-7:P Addition ☐ Change DELETE 4 1 Tifl E TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.011Y - \$1 - 21P CITY - ST - ZIP Change Addition [] DELETE 5 1 T-TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C/TY - S1 - 3/P CITY - S1 - 712 Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6/11/26 305 663-021 X

64 CHY-ST ZIE 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 pinnual 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR