FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:34

DOCUMENT # V73496 (4)

1. Corporate Name
A.T.B. GOLF, INC.

Principal Place of Business:
4475 US 1 S
UNIT 202
ST AUGUSTINE FL 32086

Mailing Address:
4475 US 1 S
UNIT 202
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3147930 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.023(2) Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business: 21 A.T.B. GOLF, INC
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address: 26 1966 US-1 S 32086
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ALLMAN, EDWARD F.
7870 A1A SOUTH, 119
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: O'NELL, MICHAEL C.
82 Street Address (P.O. Box Number is Not Acceptable): ~~7870 A1A South~~ 10 ALCIRA CT
83 ~~ST AUGUSTINE~~
84 City: ST AUGUSTINE 85 FL Zip Code: 32086

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ... 607 ... Florida Statutes.

Signature X [signature] X 6/19/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ALLMAN, EDWARD F.
STREET ADDRESS	7870 A1A S UNIT 119
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	D
NAME	O'NELL, MICHAEL C.
STREET ADDRESS	7000 MIDDLETON #1A
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE		[X] Change [ ] Addition
NAME	NO LONGER WITH CORP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	[X] Change [ ] Addition
NAME	O'NELL, MICHAEL C.	
STREET ADDRESS	10 ALCIRA CT	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	VICE-PRESIDENT	[ ] Change [X] Addition
NAME	O'NELL, THOMAS C.	
STREET ADDRESS	106 JOLLY ROGER COVE	
CITY-ST-ZIP	STAFFORD, VA 22554	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME	REMITTED BY MAY 1	
STREET ADDRESS		
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] X 3/15/95 904-826-3211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0005811 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 001042 (1)

1. Corporate Name

CENTRO ESPANOL DE TAMPA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
RECEIVED
MAY 15 4995
11:25
TALLAHASSEE, FLORIDA
CEI

Principal Place of Business	Mailing Address
3005-W. COLUMBUS DR. P O BOX 15588 TAMPA FL 33607	3005-W. COLUMBUS DR P O BOX 15588 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1891
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0189990 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCAGLIONE, PETER, JR
2127 W. DR. MARTIN LUTHER KING DR BLVD
TAMPA FL 33607

10. Name and Address of New Registered Agent

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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required where indicated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	BARCENA, FRANK	12 NAME	
STREET ADDRESS	2105 W. VIRGINIA	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	QUINTANA, NORA	22 NAME	
STREET ADDRESS	2734 CHESTNUT ST	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	T/D	31 TITLE	☐ Change ☐ Addition
NAME	RIVEIRO, PASTORA	32 NAME	
STREET ADDRESS	107 W. LAMBRIGHT	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Frank Barcena 4/28/95 (813)870-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053748