

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 09, 2014
Secretary of State
CC7881798598**

DOCUMENT# N13000002391

Entity Name: CLUB AMAZONAS USA, INC.

Current Principal Place of Business:

5440 NW 107TH AVE STE 209
DORAL, FL 33178

Current Mailing Address:

5440 NW 107TH AVE STE 209
DORAL, FL 33178

FEI Number: 46-2272423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALDARRAGO, WILLIAM
5440 NW 107TH AVE STE 209
DORAL, FL 33178 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BALDARRAGO, WILLIAM
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title VP
Name OYARCE, HOMERO
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name CHIRINOS, JORGE
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name CHUQUIMBALQUI, VICTOR
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name COSTA, CYNTHIA D
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name COLLAZOS, JUAN C
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name LA ROSA, ISMAEL
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name MENDOZA, CESAR
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE CHIRINOS

DIRECTOR

07/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COSTA, CYNTHIA D
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name LA ROSA, ISMAEL
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name COLLAZOS, JUAN C
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name MENDOZA, CESAR
Address 5440 NW 107TH AVE STE 209
City-State-Zip: DORAL FL 33178