

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84962** (1)
1. Corporation Name
ROBBIE STADIUM CORPORATION



Principal Place of Business
**2269 NW 199TH STREET
MIAMI FL 33056**

Mailing Address
**2269 NW 199TH STREET
MIAMI FL 33056**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1984		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-2450432		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **American Information Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **One S.E. Third Avenue**
83 **27th Floor**
84 City **Miami**
85 Zip Code **33131 FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ANDERSEN, RICHARD L.	1.2 NAME	Robert L. Kramm
STREET ADDRESS	2269 NW 199TH STREET	1.3 STREET ADDRESS	2269 NW 199th St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33056
TITLE	DVPS	2.1 TITLE	XX Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROCHON, RICHARD L.	2.2 NAME	Richard C. Rochon
STREET ADDRESS	2269 NW 199TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T/AS
NAME	BARR, ADRIAN	3.2 NAME	Jonathan D. Mariner
STREET ADDRESS	2269 NW 199TH STREET	3.3 STREET ADDRESS	2269 NW 199th St.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33056
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. ROCHON

4/26/96

DATE

954-627-5007

DAYTIME PHONE

CR2E034 (12/95)