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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M32953** **(5)**

1. Corporation Name
FLORIDA BASKETBALL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
701 ARENA BLVD MIAMI FL 33136-4102 US	701 ARENA BLVD MIAMI AREANA MIAMI FL 33136-4102 US

2. Principal Place of Business 21 1583 Ave #2300	2a. Mailing Address 26 3655 N.W. 87 Ave.
Suite, Apt. #, etc. 22 #2300	Suite, Apt. #, etc. 27
City & State 23 Miami Fl.	City & State 28 Miami, Fl.
Zip 24 33131 Country 25 USA	Zip 29 33178 Country 30 USA

3. Date Incorporated or Qualified: 05/30/1986
3a. Date of Last Report: 02/06/1995
4. FEI Number: 59-2681369 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEIN, ALAN
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Arnaldo Perez
82 Street Address (P.O. Box Number is Not Acceptable): 3655 N.W. 87 Ave.
83
84 City: Miami FL 85 Zip Code: 33178

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: X Arnaldo Perez, Secretary DATE: 4/29/96
Signature, typed or printed name of registered agent and title if an officer. (NOTE: Registered Agent's signature required where indicated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUFMAN, ZEV 2980 MCFARLANE RD. MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman & Pres. Micky Arison 3655 N.W. 87 Ave Miami, Fl. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, BILLY 2980 MCFARLANE RD. MIAMI FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer Howard S. Frank 3655 N.W. 87 Ave. Miami, Fl. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARISON, TED 2980 MCFARLANE RD. MIAMI FL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Arnaldo Perez 3655 N.W. 87 Ave. Miami, Fl. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAFFEL, LEWIS 2980 MCFARLANE RD. MIAMI FL ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ARNOLD, JOEL 2980 MCFARLANE RD. MIAMI FL ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 added on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arnaldo Perez, Secretary
Date: 4/29/96 Daytime Phone #: (305) 599 2600