

FILE NOW: FILING FEE IS \$61.25

APPROVED 1-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N960000000033

1. Corporation Name

MIAMI POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

COMMUNITY RELATIONS, 400 N.W. 2nd Ave.
Miami, FL 33128

MAY - 1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified December 28, 1995		3a. Date of Last Report N/A	
21	26	4. FEI Number		<input checked="" type="checkbox"/> Applied For		<input type="checkbox"/> 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lynda Roberts
C/O Community Relations
400 N.W. 2nd Ave.
Miami, FL 33128

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald H. Warshaw	12 NAME	
STREET ADDRESS	400 N.W. 2nd Ave	13 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33128	14 CITY- ST- ZIP	
TITLE	Director/Vice President <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Ruder	22 NAME	
STREET ADDRESS	444 S.W. 2nd Ave., 8th Floor	23 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33130	24 CITY- ST- ZIP	
TITLE	Director/1st Vice President <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Bellamy	32 NAME	
STREET ADDRESS	300 Biscayne Blvd Way Ste 200	33 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33128	34 CITY- ST- ZIP	
TITLE	Director/2nd Vice President <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Griffen	42 NAME	
STREET ADDRESS	444 S.W. 2nd Ave., 8th Floor	43 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33130	44 CITY- ST- ZIP	
TITLE	Director/Athletic Chairman <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Darling	52 NAME	
STREET ADDRESS	400 N.W. 2nd Ave.	53 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33128	54 CITY- ST- ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynda Roberts	62 NAME	
STREET ADDRESS	400 N.W. 2nd Ave.	63 STREET ADDRESS	
CITY- ST- ZIP	Miami, Florida 33128	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)(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 617, 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

Date

Daytime Phone

4-6-96 (305) 579-3491

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#12 Continued

Treasurer
Doris Warren
400 N.W. 2nd Ave.
Miami, Fl 33128

Voting Secretary
Robert Baker
400 N.W. 2nd Ave.
Miami, Fl 33128

Board Member
John J. Carey
400 N.W. 2nd Ave
Miami, Fl 33128

Board Member
Jorge Pino
400 N.W. 2nd Ave.
Miami, Fl 33128

Board Member
Freud Voltaire
400 N.W. 2nd Ave
Miami, Fl 33128

Board Member
Avis Tucker
400 N.W. 2nd Ave.
Miami, Fl 33128

Board Member/ Program Coordinator
Juanita Walker
400 N.W. 2nd Ave
Miami, Fl 33128