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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000050656 (5)

1. Corporation Name
DANNY BERRY'S BASEBALL CAMP, INC.



Principal Place of Business: 11820 S.W. 80TH ST. #314 MIAMI FL 33183
Mailing Address: 11820 S.W. 80TH ST. #314 MIAMI FL 33183-4852

3. Date incorporated or Qualified: 07/08/1994
3a. Date of Last Report: 06/11/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0502774
Applied For: Not Applicable

22. Suite, Apt #, etc.: 27
23. City & State: 28

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 25. Country: 29. Zip: 30. Country:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GARCIA, RAUL E JR
11820 S.W. 80TH ST.
#314
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City, State, and Zip. Includes a 'DELETE' checkbox for each entry.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City, State, and Zip. Includes 'Change' and 'Addition' checkboxes for each entry.

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-27-97
Daytime Phone #: (305) 271-9000

CR2E034 (9/96)