

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:52

DOCUMENT # **464063** (7)

1. Corporation Name

ACADEMIA DE BASEBALL CARLOS PASCUAL, INC.

Principal Place of Business

Mailing Address

/PASCUAL, INC.
2540 SW 92ND CT
MIAMI FL 33165-8139

/PASCUAL, INC.
2540 SW 92ND CT
MIAMI FL 33165-8139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1974** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1628173

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

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23

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8. The corporation has liability for intangible tax under S. 199.03, Florida Statutes Yes No

Zip Country

Country

Zip Country

Country

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JOSEPH M.
1835 W. FLAGLER ST.
SUITE 200
MIAMI FL 33125**

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 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 agent other than

registered agent (signature required if agent is not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL BANKS TO OFFER TO: AND DIRECTORS TO:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	PASCUAL, CARLOS	2540 S. W. 92ND CT	MIAMI FL
VD	PASCUAL, XIOMARA	2540 S. W. 92ND CT	MIAMI FL
D	RODRIGUEZ, JOSEPH M	2540 S. W. 92ND CT	MIAMI FL

14 NAME	15 STREET ADDRESS	16 CITY-ST-ZIP	Change	Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Section 199.03, Florida Statutes. I further certify that the information included 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carlos Pascual
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 305-531-6804