

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 464063 (7)

1. Corporation Name

ACADEMIA DE BASEBALL CARLOS PASCUAL, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/23/1974

3a. Date of Last Report

01/18/1995

4. FEI Number

59-1628173

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

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

10. Name and Address of New Registered Agent

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 607.0902 and 607.1804, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Date: Register (A) is reserved when not in use.

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	PASCUAL, CARLOS	
12.3 STREET ADDRESS	2540 S. W. 92ND CT	
12.4 CITY-STATE-ZIP	MIAMI FL	
12.5 TITLE	VD	<input type="checkbox"/> DELETE
12.6 NAME	PASCUAL, XIOMARA	
12.7 STREET ADDRESS	2540 S. W. 92ND CT	
12.8 CITY-STATE-ZIP	MIAMI FL	
12.9 TITLE	D	<input type="checkbox"/> DELETE
12.10 NAME	RODRIGUEZ, JOSEPH M	
12.11 STREET ADDRESS	2540 S. W. 92ND CT	
12.12 CITY-STATE-ZIP	MIAMI FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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:

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

1-22-96 805-5516804

CR2E034 (12/95)