

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 717842 (9)  
1. Corporation Name  
NORTH MIAMI AMERICAN LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address  
CAGNI PARK 13495 NE 8TH AVE N. MIAMI FL 33161 US  
C/O LISA LENGEL 520 NE 127 ST N. MIAMI FL 33161-4725

3. Date Incorporated or Qualified 01/07/1970  
3a. Date of Last Report 02/14/1996  
4. FEI Number 59-6560216  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 C/O JEANNINE LUSSIER  
22 City & State 27 1541 NE 132 RD  
23 Zip 28 N. MIAMI, FL  
24 Country 29 33161 30 DADE

9. Name and Address of Current Registered Agent  
LENGEL, LISA  
520 NE 127 ST  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent  
81 Name JEANNINE LUSSIER  
82 Street Address (P.O. Box Number is Not Acceptable) 1541 NE 132 RD  
83 City N. MIAMI  
84 State FL 85 Zip Code 33161

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: *Jeannine Lussier*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LENGEL, LISA	
STREET ADDRESS	520 NE 127 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUSSIER, JEANNINE	
STREET ADDRESS	1541 NE 132 RD	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TWIST, MARY	
STREET ADDRESS	1421 NE 132 RD	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OSTROFF, DEBRA	
STREET ADDRESS	2040 KEYSTONE BLVD.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUSSIER, JEANNINE	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alvelo Gilbert	
3.3 STREET ADDRESS	12501 NE 13 Ave	
3.4 CITY-ST-ZIP	N. MIAMI, FL 33161	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARBOUR, DEB	
4.3 STREET ADDRESS	13400 NE 13 Ave	
4.4 CITY-ST-ZIP	N. MIAMI, FL 33161	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra Ostroff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031760

CR2E037 (9/96)