FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:42

DOCUMENT # 726535 (8)

1. Corporation Name

CONTINENTAL KENDALL BASEBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
9035 SW 96TH STREET MIAMI FL 33176	9035 SW 96TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1973
3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0054595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLSTEIN, MICHAEL 9035 SW 96TH STREET MIAMI FL 33176	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HOCHSTADT, DAVID	12 NAME	Joe Harper
STREET ADDRESS	12751 SW 91ST STREET	13 STREET ADDRESS	P.O. Box 16-4734
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	Miami Fl 33176
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	POLSTEIN, MICHAEL	22 NAME	
STREET ADDRESS	9035 SW 96TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	POLSTEIN, CAROLE	32 NAME	
STREET ADDRESS	9035 SW 96TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	D ☒ Change ☐ Addition
NAME	HARPER, JOE	42 NAME	David Hochstadt
STREET ADDRESS	P.O. BOX 16-4734	43 STREET ADDRESS	12751 SW 91 St
CITY-ST-ZIP	MIAMI FL 33176	44 CITY-ST-ZIP	Miami Fl 33186
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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 added to the above.

SIGNATURE: Michael Polstein VPD 3-1-95 305 271-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

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