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Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750768 (4)

1. Corporation Name

FEDERACION DE PELOTEROS PROFESIONALES CUBANOS, I  
NC.

Principal Place of Business

1376 SW 4 STREET  
MIAMI FL 33135

Mailing Address

1376 SW 4 STREET  
MIAMI FL 33135-2308

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/23/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2029636

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

HEVIA, JOSE R.  
3601 SW 87 COURT  
MIAMI FL 33165

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAESTRI, HECTOR  
STREET ADDRESS 581 SW 89TH CT.  
CITY-ST-ZIP MIAMI FLTITLE ~~PD~~  
NAME ~~MAESTRI, HECTOR~~  
STREET ADDRESS ~~581 SW 89TH CT.~~  
CITY-ST-ZIP ~~MIAMI FL~~TITLE VD  
NAME SAN ROMAN, FRANK  
STREET ADDRESS 2030 SW 122 AVENUE #19  
CITY-ST-ZIP MIAMI FLTITLE SD  
NAME VARONA, EFREN E  
STREET ADDRESS 167 E 8 STREET  
CITY-ST-ZIP HIALEAH FLTITLE SD  
NAME FLEITAS, ANDRES  
STREET ADDRESS 14765 SW 47TH TERRACE  
CITY-ST-ZIP MIAMI FLTITLE TD  
NAME HEVIA, JOSE R  
STREET ADDRESS 3601 SW 87TH CT.  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. HEVIA

Date

1/8/97 (35) 227-3502

Daytime Phone # 0029014

CR2E037 (9/96)