FI[illegible]W: 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

3/16/95
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # 767075 (5)

1. Corporation Name

MIAMI AMATEUR BASEBALL ASSOCIATION INC.

Principal Place of Business	Mailing Address
2274 SW 15TH STREET. MIAMI FL 33135	P.O. BOX 350746 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1983
3a. Date of Last Report: 08/19/1994
4. FEI Number: NOT APPLICABLE ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

PRIETO, JOSE A.
2274 SW 15 ST
MIAMI FL 33145

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 607.0502 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 [illegible] 2/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	JOSE VALDES LOMBARD ☐ Change ☐ Addition
NAME	LOMBARD, JOSE VALDES ~~D.~~	12 NAME	
STREET ADDRESS	2129 ~~W FLAGLER ST~~	13 STREET ADDRESS	2129 W. FLAGLER ST
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	~~SD~~	21 TITLE	D/PRESIDENT ☐ Change ☐ Addition
NAME	PRIETO, JOSE A. PRES/D	22 NAME	JOSE A PRIETO
STREET ADDRESS	2274 SW 15 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	~~T~~	31 TITLE	S/TRSR ☐ Change ☐ Addition
NAME	PRIETO, ARMANDO SECRETARY X/D	32 NAME	ARMANDO PRIETO
STREET ADDRESS	3430 SW 11TH ST	33 STREET ADDRESS	3430 S.W 11ST
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI-FL 33135
TITLE	~~VP~~ T	41 TITLE	VP/TREAS ☐ Change ☐ Addition
NAME	LAMELAS DE PRIETO, NORA TREASURY	42 NAME	NORA LAMELAS PRIETO
STREET ADDRESS	2274 SW 15TH ST. VP/TREAS.	43 STREET ADDRESS	2274 S.W 15ST
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI-FL 33141
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	MONTIEL, JOSE	52 NAME	
STREET ADDRESS	400 SW 107 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HUARTE, JUAN B.	62 NAME	
STREET ADDRESS	440 NW 59 CT	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-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)(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: [illegible] 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0041884