

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # F96000000150 (0)**

1. Corporation Name:  
**PLAY BY PLAY TOYS & NOVELTIES, INC.**



Principal Place of Business: **PO BOX 18267 SAN ANTONIO TX 78218**  
 Mailing Address: **PO BOX 18267 SAN ANTONIO TX 78218-0267**

3. Date Incorporated or Qualified: **01/09/1996**  
 3a. Date of Last Report  
 4. FEI Number: **74-2623760**  
 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

2. Principal Place of Business: **4400 TEJASCO**  
 Suite, Apt. #, etc.:  
 22. City & State: **SAN ANTONIO, TX**  
 23. Zip: **78218** Country: **USA**  
 24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent:  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, ARTURO G</b>	1.2 NAME	
STREET ADDRESS	<b>4400 TEJASCO</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURAN, TOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>4400 TEJASCO</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERRA, BERTO JR.</b>	3.2 NAME	
STREET ADDRESS	<b>4400 TEJASCO</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAWLIK, MARK A</b>	4.2 NAME	
STREET ADDRESS	<b>4400 TEJASCO</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOREMAN, JAY B</b>	5.2 NAME	<b>S</b>
STREET ADDRESS	<b>4400 TEJASCO</b>	5.3 STREET ADDRESS	<b>GAMORAN, SAUL</b>
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	5.4 CITY - ST - ZIP	<b>4400 TEJASCO</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SAN ANTONIO, TX 78218</b>
NAME	<b>GUERRA, JOE M</b>	6.2 NAME	<b>T</b>
STREET ADDRESS	<b>4400 TEJASCO</b>	6.3 STREET ADDRESS	<b>BRAUN, RAYMOND</b>
CITY - ST - ZIP	<b>SAN ANTONIO TX 78218</b>	6.4 CITY - ST - ZIP	<b>4400 TEJASCO</b>
			<b>SAN ANTONIO, TX 78218</b>

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

SIGNATURE: Raymond Braun **RAYMOND BRAUN** 05/02/97 (210) 829-9666  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)