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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98405

(6)

M.V.P. SPORTS COLLECTIBLES, INC.

## **FILED** Feb 28 1997 8:00am Secretary of State

Principal Place 2701 LEJEUNE SUITE 300 CORAL GABLE US	ROAD	Mailing Address 2701 LEJEUNE ROAD SUITE 300 CORAL GABLES FL 33134-5821 US			3, Date Incorporated or Qualified				
2. Principa' F	Place of Business	2a. Mailing Address				4. FEI Number	1	<del></del>	plied For
21		26			<b>59-2272454</b> Not Applicable				
Suite, Apt. #. etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired		
City & Stat	ce	City & State				6. Election Campaign Financing		\$5.00	
<b>Z</b> ip	Country	<b>28</b> Zip	Cou	intry		Trust Fund Contribution  P This corporation has liability for		Added t	
24	25	29	30	•		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Ag	jent	
	ELE, AIDA E	:		81	Name				
	)1 LEJEUNE ROAD ITE 300		82 Street Ad		Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
	RAL GABLES FL 33134			В3			<del></del>		
				84	City		[m]	<b>85</b> Zip	Code
44 Digenose	to the provisions of Sections 607 M	02 and 607 1509 Florido Sec	atirtae iko o	DO://C	-named core	oration pulpoits this statement for the	I'L	hanging i	e renietorad
office or agent. La SIGNATURE	registered agent, or both, in the State arm familiar with, and accept the oblig					oration submits this statement for the pon's board of directors. I hereby acceled when reinstating)	ot the appoi	ntment as	registered
12.		ND DIRECTORS	13.	∪ Muer	ir aib store reduite	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TOLE	PD	DELETE	1.1 T	ITLE				Change	Addition
NAME	PRICE, DR BRIAN		1.2 N	AME					
STREET ADDRESS	1 BENVENUTO PL, STE 620		1.3 \$	TREET	ADDRESS				
CITY-ST-7IF	TORONTO ON			ITY - SI	T-ZIP				
16,16		☐ DELETE	. 2.1 î					Change	Addition
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY+S1+7IP	ATT ATT ATT	DELETE	2.40 31T	OTY-S	I-ZIP			Change	Addition
NAME	1	had beccit	32 N		1		_		
STHEET ADDRESS					ADDRESS				
CITY-ST-ZiP				CITY-S					
TITLE		DELETE	4.1 7					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY -ST - 710			4.4 C	HY-51	r-zip			<u>.</u>	
TILLE		☐ DELETE	5.1 T	ITLE				Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5.4 C	ITY-SI	F-ZIP				

SIGNATURE: A

THILE

NAM:

STREET ADDRESS CHY-SY-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 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 eport or supplemental printal 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 composition 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 on an attampment with an address.

561-447-6591

Change

Addition