FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 SEP -4 AM 9:29
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **K93311** **(4)**

1. Corporation Name
U.S.A. AMATEUR JAI-ALAI, INC.

Principal Place of Business
1030 NE 172 TERR
N MIAMI BCH FL 33162

Mailing Address
1030 NE 172 TERR
N MIAMI BCH FL 33162

3. Date Incorporated or Qualified: **06/05/1989**
3a. Date of Last Report: **08/25/1995**

4. FEI Number: **65-1034087** ☐ 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
21 13745 NW 1ST AVE
Suite, Apt. #, etc.
22 MIAMI FLORIDA
City & State
23
24 Zip 33168 25 Country U.S.A.

2a. Mailing Address
26 13745 N.W. 1ST AVE
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLORIDA
29 Zip 33168 30 Country U.S.A.

9. Name and Address of Current Registered Agent
SECONDO, RALPH
1030 NORTHEAST 172 TERRACE
SUITE 244
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name RALPH SECONDO
82 Street Address (P.O. Box Number is Not Acceptable) 13745 N.W. 1ST AVE
83
84 City MIAMI FL 85 Zip Code 33168

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 the date as required. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SECONDO, RALPH 1030 NORTHEAST 172 TERRACE NORTH MIAMI BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	13745 N.W. 1ST AVE MIAMI FLA. 33168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SECONDO, KRISTIMA 1030 NORTHEAST 172 TERRACE NORTH MIAMI BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	13745 N.W. 1ST AVE MIAMI FLA. 33168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	700001946087 -09/12/96--01034--004 ****225.00 ****225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition VSP 9/12/96

CR2E034 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: Ralph Secondo **8/29/96** **(305) 688-7591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180623 CP