FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

I .	UAL REPORT (INTERPOLATION SOURCE DISCOUNTENT		ONS				
DOCU 1. Corporation	MENT # L4	16958	(9)					
THE I	Baseball Card en	MPORIUM INC.				à là Calail an Brain Anns anns a	1181 1211 AFAIL BIAIL B	181) 8(8) 6(8) 6(6) 180
Principal Place	e of Business	Mailing Ad	dress					
8420 MILLS DRIVE		8420 N	8420 MILLS DRIVE					
MIAMI FL 3	33183	MIAMI	FL 33183					
						3. Date Incorporated or Qualified 01/29/1990	3a. Date of t	_ast Report) 1/1995
	lace of Business	2a. Maiting	Address			4. FEI Number		Applied For
21		26	~~- <u>-</u> -			59-3033833		Not Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional
City & State	e	City &	State			6. Election Campaign Financing		Fee Required
23		28				Trust Fund Contribution		\$5.00 May Be Added to Fees
<i>Ζ</i> ιρ 24	Country 25	Zιρ		Country		B. This corporation has liability for		ider s 199.032,
24		29 of Current Registered A	gent	30		Florida Statutes Yes 10. Name and Address of New F	No No	
				81	Name	IV. Hame and Address of Her F	egistered Age	
GLASS	BERG, DAVID M., ESQU	JIRE .		82	Stroot Ac	Idress (P.O. Box Number is Not Acceptat	Vo).	
1450 MADRUGA AVENUE					acress (10 200 Hornicol & Not Acceptal	ле, 		
SUITE				83				
CORAL	. GABLES FL 33146			84	City		 , 8:	5 Zip Code
11. Pursuant t	to the provisions of Sections	607.0502 and 607.1508	Elorida Statutes	the above r	amed core	portition cultimite this statement for the gu	FL	, , , , , , , , , , , , , , , , , , ,
or register familiar wit	red agent, or both, in the Sta th, and accept the obligation	ite of Florida, Such change is of, Section 607 0505, Fl	was authorized	by the corp	pration's bo	poration submits this statement for the purporation of directors. I hereby accept the app	ointment as reg	g its registered office stered agent. Lam
SIGNATURE.			onab bilitinos					
	Signature, typed or printed name of reg		ITON		l signature requ	ired when reinstating	DATE	
12. TITLE	PST	CERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME	MATARANGOLO, LO	_	101111	1.2 NAME	į		□ C	nange
STREET ADDRESS	8420 MILLS DRIVE	7010		1.3 STREET	ADDRESS			
C·IY-SI-ZiP	MIAMI FL			1.4 CITY - S				
TITLE	D	-) DELETE	2 1 TITLE			Cr Cr	ange 🔲 Addition
NAME	MATARANGOLO, LO	DUIS		2.2 NAME				
STREET ADDRESS	8420 MILLS DRIVE			0.0.610551				
CITY-SI-ZIP TITLE					ADDRESS			
NAME	MIAMI FL) DELETE	24 C/TY-S				
	VD	_	DELETE	2.4 C(TY-S) 3. 1 TITLE			Cr	ange Addition
STREET ADDRESS .	VD Matarangolo, de	_] DECETE	2.4 C/TY - SI 3. 1 TITLE 3.2 NAME	- ZiP		☐ Cr	ange Addition
STREET ADDRESS CITY-ST-7IP	VD	_] DECETE	2.4 C(TY-S) 3. 1 TITLE	-ZiP Address		Cr	ange Addition
CITY-ST-ZIP T:TLE	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V	AN] DELETE	2.4 C/TY-S/ 3.1 T/TLF 3.2 NAME 3.3 STREET	-ZiP Address		☐ Cn	
CITY-ST-ZIP TrTLE NAME	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL	AN		24 CITY - S. 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - SI	-ZiP Address			
CITY-ST-ZIP TELE NAME STREET ADDRESS	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL 8420 MILLS DRIVE	AN		24 C/TY - SI 3.1 T// LF 3.2 NAME 3.3 S/REET 3.4 C/TY - SI 4.1 T// LE 4.2 NAME 4.3 S/REET	ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL	EAN] DELETE	2 4 C/TY - SI 3.1 T/TLF 3.2 NAME 3.3 SIREET 3.4 C/TY - SI 4. T/T/TLE 4.2 NAME 4.3 STREET 4.4 C/TY - SI	ADDRESS -ZIP ADDRESS		□ Ĉ1	ange
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL 8420 MILLS DRIVE	EAN		2 4 CITY - SI 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - SI 4.1 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY - SI 5.5 TITLE	ADDRESS -ZIP ADDRESS			ange
CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL 8420 MILLS DRIVE	EAN] DELETE	2 4 C/TY - S/ 3. 1 T/TLF 3.2 NAME 3.3 S/REET 4.1 T/TLE 4.2 NAME 4.3 S/REET 4.4 C/HY - S/ 5.1 T/TLE 5.2 NAME	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		□ Ĉ1	ange
CITY - ST - ZIP T:TILE NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL 8420 MILLS DRIVE	EAN] DELETE	2 4 C/TY - S/ 3.1 TITLE 3.2 NAME 3.3 STREET / 4.1 TITLE 4.2 NAME 4.3 STREET / 4.4 C/TY - S/ 5.1 TITLE 5.2 NAME 5.3 STREET /	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		□ Ĉ1	ange
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	VD MATARANGOLO, DE 8420 MILLS DRIVE MIAMI FL V ROSE, MICHAEL 8420 MILLS DRIVE	E AN] DELETE	2 4 C/TY - S/ 3. 1 T/TLF 3.2 NAME 3.3 S/REET 4.1 T/TLE 4.2 NAME 4.3 S/REET 4.4 C/HY - S/ 5.1 T/TLE 5.2 NAME	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		□ Ĉ1	ange Addition ange Addition

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.

6.3 STREET ADDRESS 64 CITY - ST-ZIP

SIGNATURE(

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)