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FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N03895 (2)**

1. Corporation Name

SOUTH FLORIDA CRICKET ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 3318910241 CARIBBEAN BLVD
BOX 4034
MIAMI FL 33189-1527

3. Date Incorporated or Qualified

06/23/1984

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2441832

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMBARANSINGH, LLOYD
10241 CARIBBEAN BLVD
MIAMI FL 33189

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOHAMED, SHEIKH, M	
STREET ADDRESS	4308 FEFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, MIKE	
STREET ADDRESS	70 NE 185TH TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMBARANSINGH, LLOYD	
STREET ADDRESS	10241 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALLY, MO	
STREET ADDRESS	7200 H9 FAIRWAY DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JEFF	
STREET ADDRESS	1065 NE 125TH ST SUITE 221	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, CHRIS	
STREET ADDRESS	8411 SW 10TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD ANAND DANIEL
2.3 STREET ADDRESS	701 BLUE RIDGE WAY
2.4 CITY-ST-ZIP	DAYIE FL 33325
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD MIKE BENNETT
4.3 STREET ADDRESS	70 NE 185TH TERRACE
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AST MANZIL HODSEIN
5.3 STREET ADDRESS	3208 ONYX RD
5.4 CITY-ST-ZIP	MIRAMAR FL 33025
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ED CARL BLACKMAN
6.3 STREET ADDRESS	10872 SW 188 STREET
6.4 CITY-ST-ZIP	MIAMI FL 33157

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033765

CF2E037 (9/96)