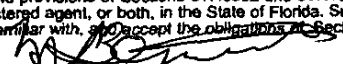


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90186 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03895					
1. Corporation Name SOUTH FLORIDA CRICKET ASSOCIATION, INC.					
Principal Place of Business 10241 CARIBBEAN BLVD BOX 4034 MIAMI FL 33189			Mailing Address P.O. BOX 694034 MIAMI FL 33269 US		

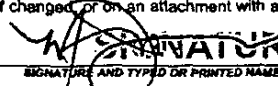


2. Principal Place of Business 21 1065 NE 125th ST Suite, Apt. #, etc. 22 106 City & State 23 NORTH MIAMI BEACH FL Zip Country 24 33161 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/23/1984 4. FEI Number 59-2441832 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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 BENNETT, MIKE 82 Street Address (P.O. Box Number is Not Acceptable) 70 NE 185 TERRACE 83 84 City NORTH MIAMI BEACH FL 85 Zip Code 33179	
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  DATE					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change	☐ Addition	
NAME	MILLER, JEFF		1.2 NAME				
STREET ADDRESS	1065 NE 125TH STREET #221		1.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-ZIP				
TITLE	PD	☒ DELETE	2.1 TITLE	TREASURER	☐ Change	☒ Addition	
NAME	RAMBARANSINGH, LLOYD		2.2 NAME	MONROYDE JONES			
STREET ADDRESS	10241 CARIBBEAN BLVD.		2.3 STREET ADDRESS	5690 NW 40 TERRACE			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073			
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	BENNETT, MIKE		3.2 NAME				
STREET ADDRESS	70 NE 185 TERR		3.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP				
TITLE	AST	☒ DELETE	4.1 TITLE	ASST. SECRETARY	☐ Change	☒ Addition	
NAME	HOOSEIN, MANZIL		4.2 NAME	DAVID MAITLAND			
STREET ADDRESS	3208 ONYX RD		4.3 STREET ADDRESS	3226 NW 203 STREET			
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP	OPA-LOCKA, FL 33056			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99
 Date

954-328-1384
 Daytime Phone #

CP2E037 (11/98)