03111999-90186-027-$61.25-$61.25

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	Mailing Address
10241 CARIBBEAN BLVD BOX 4034 MIAMI FL 33189	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 24 33161 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/23/1984

4. FEI Number
59-2441832
☐ 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

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
Signature, typed or printed name of registered agent and title if applicable. (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	TD MILLER, JEFF 1065 NE 125TH STREET #221 NORTH MIAMI FL 33161	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMBARANSINGH, LLOYD 10241 CARIBBEAN BLVD. MIAMI FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER MONROYDE JONES 5690 NW 40 TERRACE COCONUT CREEK, FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENNETT, MIKE 70 NE 185 TERR N MIAMI BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST HOOSEIN, MANZIL 3208 ONYX RD MIRAMAR FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ASST. SECRETARY DAVID MAITLAND 3226 NW 203 STREET OPA-LOCKA, FL 33056	☐ 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

CR2E037 (11/98)

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 TREASURER 2/25/99 954-328-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #