

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 28 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07420** (5)

1. Corporation Name

TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 65-1751
P.O. BOX 65-1502
MIAMI FL 33165
US

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P.O. BOX 65-1502
MIAMI FL 33165
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/01/1985	3a. Date of Last Report 06/29/1994
4. FEI Number 59-2500682	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAVARRO, MAGDA
11350 S.W. 30 ST.
MIAMI FL 33165

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 MAGDA NAVARRO, PRES. DATE 4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NAVARRO, MAGDA
STREET ADDRESS	11350 S.W. 30 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	PICON, OTMARA
STREET ADDRESS	13210 SW 48 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	SANCHEZ, CINDY
STREET ADDRESS	12770 NW 9TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	BUENO, RAMON
STREET ADDRESS	10235 S.W. 26 TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	C
NAME	ESTRADA, RAUL
STREET ADDRESS	12222 S.W. 26 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800001526828
2.3 STREET ADDRESS	-06/29/95--01036--014
2.4 CITY - ST - ZIP	*****77.50 *****77.50
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800001526828
3.3 STREET ADDRESS	-06/29/95--01036--015
3.4 CITY - ST - ZIP	*****86.25 *****86.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: [Signature] DATE 4/29/95