

FILE NOW: FILING FEE IS \$61.25

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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **NO7420**  
1. Corporation Name  
**TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**P.O. Box 65-1751  
MIAMI, Florida 33165**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>2-1-85</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2500682</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>NAVARRO, Magda 11350 S.W. 30 ST. MIAMI, FL. 33165</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT - D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVARRO, Magda</b>	1.2 NAME	
STREET ADDRESS	<b>11350 SW 30 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL. 33165</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE-PRES. - D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICON, OTMARA</b>	2.2 NAME	
STREET ADDRESS	<b>19210 SW 48 ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, Cindy</b>	3.2 NAME	
STREET ADDRESS	<b>948 N.W. 128th</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL. 33182</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUENO, RAMON</b>	4.2 NAME	
STREET ADDRESS	<b>10235 SW 24th</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	4.4 CITY-ST-ZIP	
TITLE	<b>COMMISSIONER - D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTRADA, Raul</b>	5.2 NAME	
STREET ADDRESS	<b>3620 SW 114 ave Apt 202</b>	5.3 STREET ADDRESS	<b>500002215455</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33165</b>	5.4 CITY-ST-ZIP	<b>-06/18/97--01030--002</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Magda Navarro** *Magda Navarro* **4/29/97** **305-552-1153**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

CS  
6/17/97