FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:13

DOCUMENT # N10957 (1)

1. Corporation Name
MIAMI WAVES SOFTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10470 S.W. 26 ST. MIAMI FL 33165	10470 S.W. 26 ST. MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1985
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2572528 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALVAREZ, MARIA
10470 S.W. 26 ST.
MIAMI FL 33165

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 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 _____ 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GOTAY, EUGENE.	1.2 NAME	DORADO, TONY	
STREET ADDRESS	12772 S.W. 20 ST.	1.3 STREET ADDRESS	115 S.W. 103 CT.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, MARIA	2.2 NAME		
STREET ADDRESS	10470 S.W. 26 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BARROSO, ANTOLINO	3.2 NAME	PARKS, LARRY	
STREET ADDRESS	3700 SW 129 AVE.	3.3 STREET ADDRESS	7460 S.W. 130 STREET	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JACK, LEWIS	4.2 NAME		
STREET ADDRESS	0995 SW 58 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	ARGUDIN, MARIA	5.2 NAME		
STREET ADDRESS	3330 S.W. 123 CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LAVERDE, ISABEL	6.2 NAME	DOLDE, WILLIAM	
STREET ADDRESS	10811 SNAPPER CR DR	6.3 STREET ADDRESS	10057 S.W. 117 CT.	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33186	

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 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: Maria Alvarez MARIA ALVAREZ 1/15/95 (305) 553-8456
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043031