NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15311

1. Corporation Name

HIALEAH BASEBALL CLUB INC.

Principal Place of Business

Mailing Address

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90085 010 ****61.25



Fillipal Flace of Business									
17021 N.W. 50 MIAMI FL 3305									
— ·	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 06/10/1986				
21		26				4. FEI Number			Jied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			59-2682099			olied For
22		27							Applicable
City & Stat	e	City & State				5. Certificate of Status Desired	□ <i>.</i>	\$8.75 A	1
Zip	Country Zip		Country 30			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24		25 29 30 30 30 30 30 30 30 3			10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81 1	Name	TO. Haine and Address of New Ne	giatei ou n	80111	
	•				Hallie]
GONZALEZ, JOSE M. 17021 N W 50 CT.				82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)	•	
				83					
MIAMI FL	33055							,	
	M			84 (City		FĽ	85 Zip C	ode
44 5	to the provisions of Sections 617.0502	C47 4500 Florido St	atutas the of		amed como	ration submits this statement for the ni	rooms of o	hanging its	registered
office or r	to the provisions of Sections 617.0502 egistered agent; or both, in the State of maniliar with, and accept the obligations.	f Florida. Such change wa	atutes, the at as authorized	by the	e corporation	's board of directors. I hereby accept	he appoint	ment as reg	jistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503,	Florida Statu	ıtes.					ľ
SIGNATURE	the state of the s								\
	Signature, typed or printed name of registered agent		OTE: Registered	Agent si	ignature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE AND	DIRECTO	RS IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	JENS AIVE	Change	Addition
TITLE	P . 1	☐ DELETE	1					Citaligo	
NAME	AMADO, MORELL		1.2 NA	ME	1	•			i i
STREET ADDRESS	665 E. 9TH COURT		1.3 ST		ODRESS	,			-
CITY-ST-ZIP	HIALEAH FL			ry-st-z	IP		·		TT A LOUIS
TITLE	TD	☐ DELETE	2.1 TIT	2.1 TITLE				Change	☐ Addition
NAME	Rodriguez, Luis R.		2.2 NA	ME	1				.]
STREET ADDRESS	5735 W. 13TH AVENUE	•	2.3 STI	REETAL	DORESS	,			j
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 Cf	TY-ST-2	ZIP			<u> </u>	
TITLE ,	SD	☐ DELETE	DELETE 3.1 TIT					☐ Change	☐ Addition
NAME	GONZALEZ, JOSE M.		3.2 NA	ME					
STREET ADDRESS	17021 N.W. 50TH COURT		3.3 ST	REETAD	OORESS				
CITY-ST-ZIP	MIAMI FL		3.4. C		ł				
TITLE	D	☐ DELETE						Change	Addition
NAME	SOLES, GUILLERMO		4.2 N					٠.	
	250 W. 47TH STREET				NORESS			•	
STREET ADDRESS	HIALEAH FL			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		· .			
CITY-ST-ZIP	V V	DELETE						☐ Change	Addition
TITLE	•	ا عداد ا	5.2 NA					_ •	-
NAME	DE LA PAZ, LUIS			REET AL	ODRESS				
STREET ADDRESS				TY-ST-Z	1			•	
CITY-ST-ZIP	MIAMI FL	□ net err			ar			☐ Change	Addition
TITLE	M	☐ DELETE						☐ Allange	
NAME No. 1915 April 1917	DE PA PAZ, CIRO		6.2 NA						
STREET ADDRESS	575 E 21 ST, APT 4			REETAL				•	j
CITY-ST-ZIP	HIALEAH FL		6.4 CIT	7Y-ST-Z	90				

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: