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CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N15828

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| UNYALIL  | R SOCCER CLUB, INC.   |                           |   |  |  |  |   |                 |  |  |
|--|---|---------------------------|---|--|--|--|---|-----------------|--|--|
| Principal Place of Business Mailing Address  |   |                           |   |  |  | DO NOT WRITE IN THIS SPACE   |   |                 |  |  |
| 896 ALGARINGO AVENUE<br>CORAL GABLES FL 33134  |   |                           | 936 ALGARINGO AVENUE<br>CORAL GABLES FL 33134 |  |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1986 03/25/1994  |   |                 | 4  |  |
|  |   |                           |   |  |  |  | 4. FEI Number 59-2708947  |                 | — <del>                                    </del>  | oplied For<br>ot Applicable                    |
| Principal Place  | of Business   | —                         | ing Address                                   |  |  |  | 5. Certificate of Status Desired  |                 | <b>7</b>   | Additional equired                             |
| Suite, Apt. #, #   | etc.  | 26 Suite                  | e, Apt. #, etc.                               |  |  |  | 6. Election Campaign Financing  |                 |  | May Be<br>to Fees                              |
|  |   | 27                        |   |  |  |  | 7. Nonprofit with IRS 501(c)(3)   |                 | \$68.75  |  |
| City & State   |   | 28                        | & State                                       |  |  |  | Tax Exempt Status   | ×               |  | Required                                       |
| Zip  | Country   | Zip                       |   | Cou  | intry  |  | B. This corporation has liability fo  | r intangible    | tax under S.   | 199.032,                                       |
| <b>-</b> - <i>p</i>  | 25  | 29                        |   | 30   |  |  | Florida Statutes Ye  10. Name and Address of New                                |                 |  | <del></del>                                    |
|  | 9. Name and Address of Curre  | ent Registered            | d Agent                                       |  | 81   | Name   | 10. Name and Address of New   | riegiatoro      | 2 Agoin  |  |
|  |   |                           |   |  |  |  | CO C. Al is Alex Associa  | abla)           |  |  |
| SASTRE,  | ARISTIDES J.  |                           |   |  | 82 Street Add  |  | ress (P.O. Box Number is Not Accepta  | abie)           |  |  |
| 936 ALGA   | ARINGO AVENUE<br>IABLES FL 33134  |                           |   |  | 83   |  |   |                 |  |  |
| CONAL  | MDCEO FE 30104  |                           |   |  | 84   | City   |   | F               | <b>85</b> Zir  | Code   |
|  |   |                           |   |  | 1 1  |  | ration submits this statement for the part of directors. I hereby accept the ap |                 | bonoina its n  | onietered of                                   |
| or registered<br>familiar with   | d agent, or both, in the State of Fig., and accept the obligations of, Se   | ection 607.0505           | 5, Florida Statute                            | es.  |  |  | orl when reinstating!   | DATE            |  |  |
| or registered<br>familiar with<br>SIGNATURE  | diagent, or both, in the State of Fig. , and accept the obligations of, Se  | ection 607.0505           | 5, Florida Statute                            | NOTE: Registere  | ed Agen  |  |   | DATE            | ND DIRECTO   | RS IN 12                                       |
| or registered familiar with SIGNATURE SI   | greature typed or printed name of registered ag  OFFICERS A   | ection 607.0505           | 5, Florida Statute                            | NOTE: Registere  13.   | ed Agen  |  | orl when reinstating!   | DATE            |  | RS IN 12                                       |
| or registered familiar with IGNATURE   | grature typod or printed name of registered as  OFFICERS A  PD  SASTRE, COLLEEN J.  | ection 607.0505           | 5, Florida Statute                            | NOTE: Registere  13. 1.11  | ed Agen<br>TITLE<br>NAME   | nt signature require   | orl when reinstating!   | DATE            | ND DIRECTO   | RS IN 12                                       |
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| or registered familiar with highature 51.  | gnature typod or printed name of registered as OFFICERS A PD SASTRE, COLLEEN J. 936 ALGARINGO CORAL GABLES FL 33134   | gent and title if applica | 5, Florida Statute                            | NOTE: Registere  13. 1.11 1.21 1.31  | ed Agen<br>TITLE<br>NAME   | nt signature require   | orl when reinstating!   | DATE            | ND DIRECTO   | RS IN 12                                       |
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