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

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30423** **(0)**

1. Corporation Name
EL YAYABO SOFTBALL CLUB INC.

Principal Place of Business	Mailing Address
4513 PALM AVE HIALEAH FL 33012 US	4513 PALM AVE HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0076722	☐ Applied For ☐ Not Applicable
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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, MARIO D 4513 PALM AVE HIALEAH FL 33012	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~DELGADO, JULIO M.~~	12 NAME	DELGADO JULIO M	
STREET ADDRESS	~~4513 PALM AVE~~	13 STREET ADDRESS	7135 COLLINS AVE UNIT 1001	
CITY ST ZIP	~~HIALEAH FL~~	14 CITY ST ZIP	MIAMI BEACH FL 33141	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	DUARTE, JOSE M.	22 NAME		
STREET ADDRESS	12740 S.W. 50TH TERRACE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MONTAGNE, MEIQUIADES G.	32 NAME		
STREET ADDRESS	1410 PONCE DE LEON BLVD.	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE	~~VSD~~	41 TITLE	VSD	☒ Change ☐ Addition
NAME	~~BORREGO, CARLOS~~	42 NAME	BORREGO CARLOS	
STREET ADDRESS	~~4285 S.W. 7TH STREET~~	43 STREET ADDRESS	10528 SW 69th TERR	
CITY ST ZIP	~~MIAMI FL~~	44 CITY ST ZIP	MIAMI FL 33173	
TITLE	VTD	51 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, MARIO D	52 NAME		
STREET ADDRESS	4513 PALM AVE	53 STREET ADDRESS		
CITY ST ZIP	HIALEAH FL	54 CITY ST ZIP		
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	BORGES, JULIO	62 NAME		
STREET ADDRESS	13371 SW 41ST LANE	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

14. I/We 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: Mario Rodriguez MARIO D. RODRIGUEZ 04/25/95 (305) 557-0962
SIGNATURE AND TYPED OR PRINTED NAME OF EVERY OFFICER OR DIRECTOR — Date — Daytime Phone #

0037448