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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30423** (0)

1. Corporation Name

EL YAYABO SOFTBALL CLUB INC.



Principal Place of Business 4513 PALM AVE HIALEAH FL 33012 US	Mailing Address 4513 PALM AVE HIALEAH FL 33012-4033 US
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3. Date Incorporated or Qualified 01/31/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0076722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 RODRIGUEZ, MARIO D 4513 PALM AVE HIALEAH FL 33012	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
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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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JULIO M	1.2 NAME	
STREET ADDRESS	7135 COLLINS AVE, UNIT 1001	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, JOSE M.	2.2 NAME	
STREET ADDRESS	12740 S.W. 50TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGNE, MEQUIADES G.	3.2 NAME	
STREET ADDRESS	1410 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	VDS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORREGA, CARLOS	4.2 NAME	
STREET ADDRESS	10528 SW 69TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIO D	5.2 NAME	
STREET ADDRESS	4513 PALM AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	5.4 CITY - ST - ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, JULIO	6.2 NAME	
STREET ADDRESS	13371 SW 41ST LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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: Mario Rodriguez Director Date: 4/11/97 Daytime Phone: (305) 557-0962

CR2E037 (9/96)