

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**4501 PALM AVE
SUITE 104
HIALEAH FL 33012
US**



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

3. Date Incorporated or Qualified 01/31/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0076722	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent RODRIGUEZ, MARIO D 4501 PALM AVE SUITE 104 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

Signature, typed or printed name of registered agent and title if applicable

(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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, JOSE M.	2.2 NAME	VPD (Vice President)
STREET ADDRESS	12740 S.W. 50TH TERRACE	2.3 STREET ADDRESS	Duarte, Jose M.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	12740 S.W. 50TH Terr.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORREGA, CARLOS	4.2 NAME	Secretary (SD)
STREET ADDRESS	10528 SW 69TH TERR	4.3 STREET ADDRESS	Borrego, Carlos
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	10528 SW 69TH Terr.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, JULIO	6.2 NAME	Vice Secretary (VDS)
STREET ADDRESS	13371 SW 41ST LANE	6.3 STREET ADDRESS	Borges, Julio
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	13371 S.W. 41 Lane

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.

SIGNATURE: *X*

Mario D Rodriguez

02/07/98 (305) 557-0962

CP2E037 (10/97)