

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32158** (0)

1. Corporation Name

**SOUTH FLORIDA A.S.A. UMPIRES ASSOCIATION, INC.**



Principal Place of Business: **17630 NW 86TH AVE. HIALEAH FL 33015**  
Mailing Address: **17630 NW 86TH AVE. HIALEAH FL 33015**

3. Date Incorporated or Qualified: **05/08/1989**  
3a. Date of Last Report: **08/04/1995**

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

4. FEI Number: **65-0134788**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELIZADE, ANGEL  
17630 N.W. 86TH AVE.  
HIALEAH FL 33015**

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 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 <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELIZALDE, ANGEL                    | 1.2 NAME  |   |
| STREET ADDRESS             | 17630 N.W. 86TH AVE                | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HIALEAH FL                         | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ, RIGOBERTO                    | 2.2 NAME  |   |
| STREET ADDRESS             | 5400 W 26TH AVE                    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HIALEAH FL                         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAZOS, WILLIAM                     | 3.2 NAME  |   |
| STREET ADDRESS             | 1063 NW 106 ST                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PALACIOS, JESUS                    | 4.2 NAME  |   |
| STREET ADDRESS             | 12347 NW 11 CT.                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PEMBROKE PINES FL                  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Angel Elizalde* **Angel Elizalde** 4/12/96 **556-0089**

CR2E037 (12/95)