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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32158

1. Corporation Name
SOUTH FLORIDA A.S.A. UMPIRES ASSOCIATION, INC.

409720 - 90041 - 42

Principal Place of Business
 17630 NW 86TH AVE.
 HIALEAH FL 33015

Mailing Address
 17630 NW 86TH AVE.
 HIALEAH FL 33015



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/08/1989	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0134788	
24	Country	29	Country	Applied For	
		30		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		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, RIGOBERTO	2.2 NAME	
STREET ADDRESS	5400 W 26TH AVE	2.3 STREET ADDRESS	970 W. 32 STREET
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH FL-33012
TITLE	SD	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	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, JESUS	4.2 NAME	
STREET ADDRESS	12347 NW 11 CT.	4.3 STREET ADDRESS	20 W. 20 STREET
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	HIALEAH FL 33010
TITLE		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		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 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, with all other like empowered.

SIGNATURE: Angel Elizalde Date: 4-21-99 Daytime Phone #: 305-576-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP25037-11/98A