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**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N34104 (2)
1. Corporation Name
DADE COUNTY ALL STARS INC.



Principal Place of Business Mailing Address
10910 SW 72 STREET #274 MIAMI FL 33173 **% FRANCIE BOELLARD 10910 SW 72 STREET MIAMI FL 33173**

3. Date Incorporated or Qualified
09/07/1989

4. FEI Number **65-0171364** 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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **10910 SW 72 St** 26

22 **#274** 27 Suite, Apt. #, etc.

23 **MIAMI FL** 28 City & State

24 **33173** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BOELLARD, FRANCIE 10910 SW 72ND STREET #274 MIAMI FL 33173

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

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 *Francie Boellard* **FRANCIE BOELLARD ES** DATE **2/5/98**

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | BAKER, ROBIN | |
| STREET ADDRESS | 1342 WESTWARD DR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | ES | <input type="checkbox"/> DELETE |
| NAME | BOELLARD, FRANCIE | |
| STREET ADDRESS | 10910 S.W. 72ND STREET #274 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GORDON, KEVIN | |
| STREET ADDRESS | 15930 SW 74 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GENAD, RONDA | |
| STREET ADDRESS | 1220 N.E. 171 TERRACE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JONES, ED | |
| STREET ADDRESS | 15355 JACKSON DRIVE | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BLOCK, DONNA | |
| STREET ADDRESS | 332 SW 184 WAY | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Chuck Fleming | |
| 1.3 STREET ADDRESS | 19370 WENAIRED DRIVE | |
| 1.4 CITY-ST-ZIP | MIAMI FL 33015 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DAVE SCHWARTZ | |
| 2.3 STREET ADDRESS | 16726 SW 298 TER | |
| 2.4 CITY-ST-ZIP | MIAMI FL 33030 | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Bill Heller | |
| 3.3 STREET ADDRESS | 18620 S.W. 88 ROAD | |
| 3.4 CITY-ST-ZIP | MIAMI FL 33157 | |
| 4.1 TITLE | Guillermo Sevilla | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Director | |
| 4.3 STREET ADDRESS | 13929 SW 174 ST | |
| 4.4 CITY-ST-ZIP | MIAMI FL 33177 | |
| 5.1 TITLE | Ana Toledo | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Sgt - At Arms | |
| 5.3 STREET ADDRESS | 11380 SW 136 Ave | |
| 5.4 CITY-ST-ZIP | MIAMI FL 33161 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

SIGNATURE: *Francie Boellard* **FRANCIE BOELLARD ES** DATE **2/5/98**

CR2E037 (10/97)