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NONPROFIT CORPORATION ANNUAL REPORT 1999

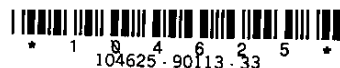


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34104

1. Corporation Name

DADE COUNTY ALL STARS INC.



Principal Place of Business

10910 S.W. 72 ST  
#274 #274  
MIAMI FL 33173  
US

Mailing Address

% FRANCIE BOELLARD  
10910 SW 72 STREET #274  
MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *11/6/99*

12. OFFICERS AND DIRECTORS

TITLE P  
NAME FLEMING, CHUCK  
STREET ADDRESS 19370 LENAIRE DR  
CITY-ST-ZIP MIAMI FL 33015  
 DELETE

TITLE ES  
NAME BOELLARD, FRANCIE  
STREET ADDRESS 10910 S.W. 72ND STREET #274  
CITY-ST-ZIP MIAMI FL 33173  
 DELETE

TITLE D  
NAME HELLER, BILL  
STREET ADDRESS 18620 S.W. 88 RD  
CITY-ST-ZIP MIAMI FL 33157  
 DELETE

TITLE D  
NAME SEVILLA, GUILLERMO  
STREET ADDRESS 13929 S.W 174 ST  
CITY-ST-ZIP MIAMI FL 33177  
 DELETE

TITLE D  
NAME JONES, ED  
STREET ADDRESS 15355 JACKSON DRIVE  
CITY-ST-ZIP HOMESTEAD FL 33030  
 DELETE

TITLE VP  
NAME SCHWARTZ, DAVE  
STREET ADDRESS 16726 S.W. 298 TERR  
CITY-ST-ZIP MIAMI FL 33030  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME Sevilla Guillermo  
1.3 STREET ADDRESS 14100 SW 115 ST  
1.4 CITY-ST-ZIP MIAMI FL 33177  
 Change  Addition

2.1 TITLE DIRECTOR  
2.2 NAME Harold Harper  
2.3 STREET ADDRESS 9874 HAMPSHIRE BLVD #108  
2.4 CITY-ST-ZIP MIAMI FL 33196  
 Change  Addition

3.1 TITLE And Toledo Sgt At Arms  
3.2 NAME  
3.3 STREET ADDRESS 11380 SW 136 AVE  
3.4 CITY-ST-ZIP MIAMI FL 33161  
 Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)