

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 # N45440 (7)
1. Corporation Name

SOUTH DADE BASEBALL BOOSTER CLUB, INC.



Principal Place of Business: 505 N. KROME AVE. HOMESTEAD FL 33030 US
Mailing Address: 505 N. KROME AVE. HOMESTEAD FL 33030 US

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 30322 SW 152 PL. 26
Suite, Apt. #, etc.:
22
City & State: 23 Homestead, FL.
Zip: 24 33033 25 Country: 25 U.S.
2a. Mailing Address: 26
Suite, Apt. #, etc.:
27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0395768 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: GUEST, JAMES M. 311 NE 8TH STREET HOMESTEAD FL 33030
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE: P | EDWARDS, DEBORAH J. 1648 NW 5TH AVE. HOMESTEAD FL | 1.1 TITLE: <input checked="" type="checkbox"/> DELETE | 1.1 NAME: Toni Kubousek 1.2 STREET ADDRESS: 29480 SW 193 Ave. 1.3 CITY-ST-ZIP: Homestead Fla |
| TITLE: VP | HOUSH, TIM 30312 SW 172ND AVE. HOMESTEAD FL | 2.1 TITLE: <input type="checkbox"/> DELETE | 2.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S | TAM, RITA 1710 NW 8TH TERR. HOMESTEAD FL | 3.1 TITLE: <input checked="" type="checkbox"/> DELETE | 3.1 NAME: Candy Long 3.2 STREET ADDRESS: 29480 S.W. 172 Ave 3.3 CITY-ST-ZIP: Homestead, FL. 33030 |
| TITLE: D | KUBOUSEK, TONI 29480 SW 193RD AVE. HOMESTEAD FL | 4.1 TITLE: <input checked="" type="checkbox"/> DELETE | 4.1 NAME: Emma Oliva 4.2 STREET ADDRESS: 30322 S.W. 152 PL. 4.3 CITY-ST-ZIP: Homestead FL. 33033 |
| TITLE: D | BOYLE, DAVID B. 308 NW 19TH ST. HOMESTEAD FL | 5.1 TITLE: <input checked="" type="checkbox"/> DELETE | 5.1 NAME: Portela, Juan 5.2 STREET ADDRESS: 1413 NW 20 St 5.3 CITY-ST-ZIP: Homestead Fla |
| TITLE: D | EDWARDS, BOBBY 1648 NW 5TH AVENUE HOMESTEAD FL 33030 | 6.1 TITLE: <input checked="" type="checkbox"/> DELETE | 6.1 NAME: Portela, maria 6.2 STREET ADDRESS: 1413 NW 20 St 6.3 CITY-ST-ZIP: Homestead, FL. |

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: Emma Oliva EMMA OLIVA 4/29/96 305-247-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)