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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(7)

SOUTH DADE BASEBALL BOOSTER CLUB, INC.

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FILED

May 20 1997 8:00am

Secretary of State

22 Street Address (P.O. Box Number is Not Acceptable) 5. Certricate of Status Desired	Applied For Not Applicab 5 Additional Required 0 May Be ed to Fees
HOMESTEAD FL 33033 INCRESTEAD FL 33030-8050 US 3. Date Incorporated or Qualified 10/03/1991 3a. Date of Les C5/01/1 3b. Date of Les C5/01/1 2c. Principal Place of Business 2a. Mailing Address 2b. July 80 S.W. 277 S.G. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2d. Country 2d. Principal Place of Status Desired	Applied For Not Applicab 5 Additional Required 0 May Be ed to Fees
3. Date Incorporated or Qualified 38. Date Incorporated or Qualified 56/01/2 2. Principal Place of Business 28 / 68 / 80 SW 277 SG 4. FEI Number 65-0395768 2. Suite, Apt #, etc	Applied For Not Applicab 5 Additional Required 0 May Be ed to Fees
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired \$8.7	Additional Required May Be od to Fees
27 City & State Country Country Country Country Country Country Country City & Ci	Required May Be d to Fees
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28 29 3303 30 US Florida Statutes Yes No 9. Name and Address of Current Registered Agent GUEST, JAMES M. 311 NE 8TH STREET HOMESTEAD FL 33030 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OTF. Str. 2/P NAME KUBOUSE, TONI SIRRET ADDRESS 29480 SW 193 AVENUE 1.1 TITLE NAME KUBOUSE, TONI SIRRET ADDRESS 29480 SW 193 AVENUE 1.3 STREET ADDRESS CITY-ST-2/P NAME HOUSH, TIM SIRRET ADDRESS 30312 SW 172ND AVE. 1.4 CITY-ST-2/P NAME 1.4 CITY-ST-2/P NOTE Regulatered Agent signature required when renstating) DATE 1.2 DELETE 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 24 MORE STEAD FL NOTE Regulatered Agent signature required when renstating) DATE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-2/P NOMESTEAD FL NOME	r s. 199.032,
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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.

305-247-2618