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 # **N45736** (8)

1. Corporation Name

TONY TAYLOR BASEBALL ACADEMY AFILIADO A LA SERIE DEL CARIBE, INC.

Principal Place of Business	Mailing Address
11301 SW 47 ST. MIAMI FL 33165	11301 SW 47 ST. MIAMI FL 33165

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 10/24/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0296374	☐ 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

TAYLOR, JORGE
11301 SW 47 ST.
MIAMI FL 33165

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 _____ 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	☐ DELETE	1.1 TITLE	Hipolito Rivero-	☐ Change ☑ Addition
NAME	TAYLOR, JORGE		1.2 NAME		
STREET ADDRESS	11301 SW 47 ST.		1.3 STREET ADDRESS	1437 SW 90 Ter	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FLA 33186	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, MARIA ELENA		2.2 NAME		
STREET ADDRESS	11301 SW 47 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORA, PEDRO E.		3.2 NAME		
STREET ADDRESS	1200 W AVE., #1519		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, FRANCISCO		4.2 NAME		
STREET ADDRESS	850 SW 2ND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARRIO, JULIO JR		5.2 NAME		
STREET ADDRESS	773 EAST 23RD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAULA, ARTURO		6.2 NAME		
STREET ADDRESS	3436 SW 16TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33148		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: _____ 4-21-96 557-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #