

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003221 (9)

1. Corporation Name

KNIGHTS OF MIAMI SPORTS ASSOCIATION INC.



Principal Place of Business
13640 S.W. 103 AVENUE
MIAMI FL

Mailing Address
13640 S.W. 103 AVENUE
MIAMI FL

3. Date Incorporated or Qualified 07/19/1993
3a. Date of Last Report 07/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0443348	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

ORTEZ, FRANCES
6470 NW 188 LANE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name Frances Rodgers
82 Street Address (P.O. Box Number is Not Acceptable) 2287 SW 80TH TER
83
84 City Miramar FL 85 Zip Code 33025

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 Frances Rodgers

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

Frances Rodgers

(NOTE: Registered Agent signature required when re-registering)

7/2/96

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WIGGINS JESSE	1.2 NAME	
STREET ADDRESS	13640 SW 103RD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	1.4 CITY - ST - ZIP	
TITLE	VPO	2.1 TITLE	
NAME	WIGGINS MERCEDES	2.2 NAME	
STREET ADDRESS	13640 SW 103RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	ORTAZ FRANCES	3.2 NAME	Frances Rodgers
STREET ADDRESS	7837 MIRAMAR PARKWAY	3.3 STREET ADDRESS	2287 SW 80TH TER
CITY - ST - ZIP	MIRAMAR FL 33023	3.4 CITY - ST - ZIP	Miramar, FL 33025
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96

Date

374-2034

Daytime Phone #

CR2E037 (3/96)