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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000268 (2)

1. Corporation Name

MIAMI JUNIOR ICE HOCKEY LEAGUE, INC.
South Florida Youth Hockey Association, Inc. name changed 4-22-97

Principal Place of Business
14770 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

Mailing Address
P.O. BOX 640374
NORTH MIAMI BEACH FL 33164-0374

3. Date Incorporated or Qualified **01/19/1994** 3a. Date of Last Report **06/10/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number **65-0696760**
APPLIED FOR

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

LAW OFFICE OF PETER A BARONE
5403 N.W. 199TH TERRACE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name **MICHAEL TROMBLEY**
 82 Street Address (P.O. Box Number is Not Acceptable) **4621 S.W. 40 STREET**
 83 **+**
 84 City **Hollywood** FL 85 Zip Code **33023**

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 *[Signature]* DATE **5-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANZALONE, FRANK	1.2 NAME	MICHAEL TROMBLEY
STREET ADDRESS	160 N.W. 158TH ST.	1.3 STREET ADDRESS	4621 S.W. 40 STREET
CITY-ST-ZIP	N. MIAMI FL 33172	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLSKE, MICHAEL	2.2 NAME	MIKE CORBIN
STREET ADDRESS	14960 EGAN LANE	2.3 STREET ADDRESS	739 CRYSTAL COURT
CITY-ST-ZIP	MIAMI FL 33014	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D.V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, JESSICA	3.2 NAME	CINDY Colavecchio
STREET ADDRESS	6414 S.W. 114TH PLACE	3.3 STREET ADDRESS	RD BOX 2198 8161 SW 29CT
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	SUNRISE FL 33345 N/A DAVID FL 33328
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D. REGISTRAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADEAU, JO ANNE	4.2 NAME	JAMES L. WYATT
STREET ADDRESS	13930 LAKE CLAIRE CT.	4.3 STREET ADDRESS	11800 N.W. 5 STREET
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002206150
STREET ADDRESS		6.3 STREET ADDRESS	-06/08/97--01148--003
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do 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.

SIGNATURE *[Signature]* DATE **5/29/97** **305 3145830**

CR2E037 (9/96)