

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 # **194000002396**  
1. Corporation Name  
**LIGA HONDURENA DE FOOTBALL SOCCER DE MIAMI, INC.**  
**6311 N.W. 110 TERR.**  
**HIALEAH, FL. 33012**

Principal Place of Business  
**2637 -A N.W. 20TH STREET**  
Mailing Address  
**6311 N.W. 110 TERR**  
**HIALEAH, FL. 33012**

**50000185.1425**  
**-06/05/96--01023--015**  
**\*\*\*70.00**

2. Principal Place of Business 21 <b>2637 -A N.W. 20TH STREET</b>		2a. Mailing Address 26 <b>6311 N.W. 110 TERR.</b>		3. Date Incorporated or Qualified <b>05/10/94</b>		3a. Date of Last Report <b>04-27-95</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0481120</b>		Applied For Not Applicable	
City & State 23 <b>MIAMI, FL 33142</b>		City & State 28 <b>HIALEAH, FLORIDA 33012</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33142</b>		Country 25 <b>USA</b>		Zip 29 <b>33012</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>JORGE A. DERAS</b> <b>6311 N.W. 110 TERR</b> <b>HIALEAH, FL. 33012</b>				10. Name and Address of New Registered Agent 81 Name <b>JORGE A. DERAS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6311 N.W. 110 TERR</b> 83 84 City <b>HIALEAH</b> FL 85 Zip Code <b>33012</b>			

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 *Jorge A. Deras*  
Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 28-96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>JORGE A. DERAS PD</b> <b>6311 N.W. 110 TERR.</b> <b>HIALEAH, FL. 33012</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>CIPRIANO IZAGUIRRE VD</b> <b>405 N.W. 37 ST. # 5</b> <b>MIAMI, FL. 33127</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD MANUEL RIVERA</b> <b>3109 N.W. 21 COURT APT. # 2</b> <b>MIAMI, FLORIDA 33142</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TD JOSE A. HERNANDEZ</b> <b>8142 S.W. 163 PLACE</b> <b>MIAMI, FL. 33193</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>REYNA SAUCEDA ( S )</b> <b>6311 N.W. 110 TERR</b> <b>HIALEAH, FL 33012</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>ERNESTO NUNEZ D</b> <b>2637 A N.W. 20 RT ST.</b> <b>MIAMI, FLORIDA 33142</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jorge A. Deras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28-96* (805) 557-4382  
Date: Daytime Phone #

CR2E037 (12/95)