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Jul 23 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Caridad B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003707 (6)

1. Corporation Name

BLITZ SOCCER, INC.

Principal Place of Business C/O RAMON DELAROSA 13921 CYPRESS COURT MIAMI LAKES, FL 33014-2950	Mailing Address C/O RAMON DELAROSA 13921 CYPRESS COURT MIAMI LAKES, FL 33014-2950
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3. Date Incorporated or Qualified 07/25/94	3a. Date of Last Report 01/03/97
4. FEI Number 65-0507864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

STOUT, LEN W.  
23331 WATER CIRCLE  
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

81 Name RAMON DELAROSA
82 Street Address (P.O. Box Number is Not Acceptable) 13921 CYPRESS COURT
83 MIAMI LAKES, FL 33014-2950
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 *[Signature]* DATE 6-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DELAROSA, RAMON
NAME	HIDALGO, AL	1.2 NAME	13921 CYPRESS COURT
STREET ADDRESS	555 N.E. 34TH STREET, #1602	1.3 STREET ADDRESS	MIAMI LAKES, FL 33014-2950
CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	
TITLE	STOUT, LEN W.	2.1 TITLE	
NAME	23331 WATER CIRCLE	2.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33486	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	DELAROSA, CARIDAD	3.2 NAME	
STREET ADDRESS	13921 CYPRESS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014-2950	3.4 CITY-ST-ZIP	
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	100002246101
NAME		6.2 NAME	-07/24/97--01006--003
STREET ADDRESS		6.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* RAMON DELAROSA 6-7-97 305-822-6370

CR2E037 (9/96)