

FILE NOW: FILING FEE AFTER MAY 1 IS \$125.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:29

TALLAHASSEE, FLORIDA

DOCUMENT # *N 94000005941*
1. Corporation Name
LAZARO RUIZ BASEBALL A.C.

Principal Place of Business Mailing Address
17125 N.W. 51th PLACE
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified *12-5-94* 3a. Date of Last Report

4. FEI Number *65-0571302* 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, FERMIN ATTORNEY AT LAW
330 S.W. 27th AV.
MIAMI, FLA 33135

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
RUIZ LAZARO
17125 N.W. 51th PLACE
MIAMI, FLA 33055

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

000001498350

-05/24/95--01069--025

******130.00** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PERERA JULIO
17125 N.W. 51th PLACE
MIAMI FLA 33055

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
RODRIGUEZ ANGEL M.
17125 N.W. 51th PLACE
MIAMI, FLA 33055

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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

Date

Chapter 617, Florida Statutes