

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 # N95000000928 (0)

1. Corporation Name

THE MIAMI WILDCATS, INC.



Principal Place of Business

Mailing Address

9475 N KENDALL DRIVE
MIAMI FL 33173

9475 N KENDALL DRIVE
MIAMI FL 33173

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1 Biscayne Tower, 250 Biscayne Blvd
Suite, Apt. #, etc. 810A

26 1 Biscayne Tower, 250 Biscayne Blvd
Suite, Apt. #, etc. Suite 1684

22 Suite 1684

27 Suite 1684

23 Miami, FL

28 Miami, FL

24 33131

29 33131

25 Dade

30 Dade

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

TORRES, HECTOR
9475 N KENDALL DRIVE
MIAMI FL 33173

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TORRES, HECTOR
STREET ADDRESS 9475 N KENDALL DRIVE
CITY - ST - ZIP MIAMI FL 33173

1.1 TITLE D
1.2 NAME Phillip J. Shaehe
1.3 STREET ADDRESS 6440 SW 114 ST
1.4 CITY - ST - ZIP Miami, FL

TITLE D
NAME PUNTE, DOLORES D
STREET ADDRESS 4870 SW 82 STREET
CITY - ST - ZIP MIAMI FL 33143

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME EGUILIOR, HERMINIA
STREET ADDRESS 7287 SUNSET DRIVE
CITY - ST - ZIP MIAMI FL 33143

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/96 2384389

Date

Daytime Phone #

CR2E037 (3/96)