


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90063 004 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000000928</b>					
1. Corporation Name <b>THE MIAMI WILDCATS, INC.</b>					
Principal Place of Business 1 BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD #1684 MIAMI FL 33131 US			Mailing Address 1 BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD #1684 MIAMI FL 33131 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/16/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0568004	
24 Country		29 Country		30 Country	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEEHE, PHILLIP 1 BISCAYNE TOWER 1684 MIAMI FL 33131				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							
TITLE	D	TORRES, HECTOR		1.1 TITLE		1.1 NAME	
STREET ADDRESS	14600 SW 87 COURT	MIAMI FL 33176		1.2 NAME		1.2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176			1.3 CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	D	PUNTE, DOLORES D		2.1 TITLE		2.1 NAME	
STREET ADDRESS	4870 SW 82 STREET	MIAMI FL 33143		2.2 NAME		2.2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143			2.3 CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE	D	EGUILIOR, HERMINIA		3.1 TITLE		3.1 NAME	
STREET ADDRESS	7287 SUNSET DRIVE	MIAMI FL 33143		3.2 NAME		3.2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143			3.3 CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	D	SHEEHE, PHILLIP		4.1 TITLE		4.1 NAME	
STREET ADDRESS	6440 SW 114 STREET	MIAMI FL		4.2 NAME		4.2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			4.3 CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE				5.1 TITLE		5.1 NAME	
STREET ADDRESS				5.2 NAME		5.2 STREET ADDRESS	
CITY-ST-ZIP				5.3 CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE				6.1 TITLE		6.1 NAME	
STREET ADDRESS				6.2 NAME		6.2 STREET ADDRESS	
CITY-ST-ZIP				6.3 CITY-ST-ZIP		6.3 STREET ADDRESS	

14. I 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, with all other like empowered.

**SIGNATURE:** *Hector Torres* **4/25/99** **238-1948**

CR2E037 (1/98)