

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 # N95000003456 (9)

1. Corporation Name

HURRICANE SEACATS BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

**5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126**

**5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126**

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0599783

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126**

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** ☐ DELETE
NAME **RASCO, ANA L**
STREET ADDRESS **8100 SW 54 AVE**
CITY-ST-ZIP **MIAMI FL 33143**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **RASCO, ANA L.**
1.3 STREET ADDRESS **8100 SW 54 Avenue**
1.4 CITY-ST-ZIP **Miami, FL 33143**

TITLE **D** ☐ DELETE
NAME **WALKER, JAYME**
STREET ADDRESS **16001 SW 173RD AVE**
CITY-ST-ZIP **MIAMI FL 33187**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **WALKER, JAYME**
2.3 STREET ADDRESS **16001 S.W. 173rd Avenue**
2.4 CITY-ST-ZIP **Miami, FL 33187**

TITLE **D** ☒ DELETE
NAME **HENRIQUEZ, LIZ**
STREET ADDRESS **5200 BLUE LAGOON DR**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **D** ☐ DELETE
NAME **CORNELIUS, YOUNGHI**
STREET ADDRESS **7535 SW 55TH AVE**
CITY-ST-ZIP **MIAMI FL 33143**

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME **CORNELIUS, YOUNGHI**
4.3 STREET ADDRESS **7535 SW 55th Avenue**
4.4 CITY-ST-ZIP **Miami, FL 33143**

TITLE **D** ☒ DELETE
NAME **GIDEL, MARGARET**
STREET ADDRESS **6270 SW 104 ST**
CITY-ST-ZIP **MIAMI FL 33156**

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **DURAN, LOUISE**
5.3 STREET ADDRESS **5200 Blue Lagoon Drive, #700**
5.4 CITY-ST-ZIP **Miami, FL 33126**

TITLE **D** ☐ DELETE
NAME **CARAGOL, ROBERT**
STREET ADDRESS **5200 BLUE LAGOON DR SUITE 700**
CITY-ST-ZIP **MIAMI FL 33126**

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:

Ana L. Rasco

ANA L. RASCO, President

(305) 261-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)