FILE NOW: FILING FEE IS \$61.25'

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| | 1996 | | | 7 DIVI | SION OF CO | RPORATIONS | | | | |
|---|--------------------------------|-----------------------------------|---|--------------------------------------|---------------------------|-------------------------------|---|------------|---------------------------------------|--------------------------|
| DOCUMENT # N9500005112 (6) | | | | | | | | | | |
| FUTURE CHAMPS, INC. | | | | | | | | | | |
| | | | | | | | | | | |
| Principal Place | e of Business | 5 | | Mailing Address | | | | | | |
| 7316 W 30 / HIALEAH FL | | 7316 W 30 AVE HIALEAH FL 33106 | | | | | | | | |
| | | | | | | | Date Incorporated or Quantum 10/30/1995 | alified | 3a. Date of Last | Report |
| 2. Principal Place of Business 21 4054 West 12th Avenue | | | 2a. Mailing Address 26 | | | 4. FEI Number | | \ = | Applied For Not Applicable | |
| Suite, Apt. | Suite, Apt. #, etc. | | | | ŧ, etc. | 5. Certificate of Status Desi | red | \$8.75 | Additional Required | |
| City & Stat 23 Hiea | leah, | Florid | a | City & State | | | Election Campaign Finan Trust Fund Contribution | cing | | 0 May Be |
| Zip 24 3301 | _ | Country 25 DAT | E | Zip 29 | 30 | Country | This corporation has liability Florida Statutes | | ngible tax under s. Yes \[\] No | 199.032, |
| | 9, Name | and Addre | ss of Current F | Registered Agent | | 64 N | 10. Name and Address of | New Reg | stered Agent | |
| | | | | | | 81 Name | Nilda Cervantes | | | |
| BRITO, CARIDAD | | | | | | | ddress (P.O. Box Number is Not Ac | | £1161 | |
| 7316 W 30 AVE HIALEAH FL 33106 | | | | | | 83 | | | | |
| THELES | | | | | | 84 City | Inleah COM | rde | ens 7/2 | Code |
| 11. Pursuant | to the provis | ons of Section | on 617.0502 ar | nd 617.1508, Florid | da Statutes, ti | he above named cor | poration submits this statement for | the purpos | se of changing its re | 3016 egistered office |
| or registe femiliar w | red agent, or ith, and acce | both, in the pt the obliga | State of Florida. lipns of Section | Such change was 617.0503, Florida | authorized b Statutes. | y the corporation's b | poard of directors. I hereby accept the | ne appoint | ment as registered | agent. I am |
| SIGNATURE | VI | 4/ | 13 | | | | | | 6/1/9 | 4 |
| 12. | Signature, when | Counted Traces | of egistered agent and FFICERS AND D | | (NOTE R | egistered Agent signature red | paired when reinstaling) ADDITIONS/OHANGES T | O OFFICE | DATE OS AND DIDECTO | DS IN 19 |
| TITLE C | N TO | | | | LETE | 1 1 TrILE | 7.00 1010 0 1710 0 1 | O OI HOL | Change | [] Addition |
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| CITY - ST - ZIP | HILIAI | EAH | GVARD | enso 3 | 2016 | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | | | □DE | LETE | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | | | 4 2 NAME | | | | |
| STREET ADDRESS | 1 | | | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | | | □DE | ETE | 4.4 CITY - ST - ZIP | | | Change | Addition |
| | | | | | | | | | enosout i | : I MODITION |

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 2 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

5 2 NAME

6.1 TITLE

6 2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - ZIP

5.4 CITY - ST - ZIP

NAME

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Addition

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