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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001159 (0)**

1. Corporation Name

GREATER MIAMI BASKETBALL ASSOCIATION, INC.



Principal Place of Business	Mailing Address
10425 S.W. 22ND STREET MIAMI FL 33165	10425 S.W. 22ND STREET MIAMI FL 33165-7911

3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BENITEZ, ALBERTO 10425 S.W. 22ND STREET MIAMI FL 33165	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENITEZ, ALBERTO
STREET ADDRESS	10425 S.W. 22ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	VALDES, EDMUNDO
STREET ADDRESS	10425 S.W. 22ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GARCIA, JULIAN
STREET ADDRESS	540 BRICKELL KEY DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	FARINAS, OSCAR
STREET ADDRESS	10541 S.W. 120TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENITEZ, ALBERTO
1.3 STREET ADDRESS	10425 S.W. 22nd STREET
1.4 CITY-ST-ZIP	MIAMI, FL
2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VALDES, EDMUNDO
2.3 STREET ADDRESS	10425 S.W. 22nd STREET
2.4 CITY-ST-ZIP	MIAMI, FL
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARCIA, JULIAN
3.3 STREET ADDRESS	540 BRICKELL KEY DR.
3.4 CITY-ST-ZIP	MIAMI, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDUARTEZ, JOSE C.
4.3 STREET ADDRESS	1500 N.E. 13th PLACE
4.4 CITY-ST-ZIP	MIAMI BEACH, FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FERNANDEZ, INES
5.3 STREET ADDRESS	12952 S.W. 50th LANE
5.4 CITY-ST-ZIP	MIAMI, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FIGUERAS, JUAN A.
6.3 STREET ADDRESS	3790 S.W. 139th AVENUE
6.4 CITY-ST-ZIP	MIAMI, FL

14. I do 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.

SIGNATURE: *Alberto Benitez* **ALBERTO BENITEZ** 1/3/97 (305) 221-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031983

CR2E037 (9/96)