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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002757 (0)

1. Corporation Name

SOUTH FLORIDA SLUGGERS BASEBALL CLUB, INC.



Principal Place of Business

Mailing Address

TWO S BISCAYNE BLVD
SUITE 2400
MIAMI FL 33131TWO S BISCAYNE BLVD
SUITE 2400
MIAMI FL 33131-1841

3. Date Incorporated or Qualified

05/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 200 S. BISCAYNE BLVD.

26 200 S. Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2500

27 Suite 2500

City & State

City & State

23 miami, FL

28 miami, FL

Zip

Zip

24 33131

29 33131

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ALLEN J
TWO S BISCAYNE BLVD
SUITE 2400
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

83 Suite 2500

84 City miami

FL

85 Zip Code 33131

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 PD
NAME BARRES, AGUSTIN
STREET ADDRESS 3895 NW 5TH STREET
CITY-ST-ZIP MIAMI FL 331261.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE STD
NAME BARRES, ROSEL
STREET ADDRESS 3895 NW 5TH STREET
CITY-ST-ZIP MIAMI FL 331262.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD
NAME SIMONHOFF, MICHAEL
STREET ADDRESS 3503 MAIN HIGHWAY
CITY-ST-ZIP COCONUT GROVE FL 331333.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agustin Barres 4/19/97 305/642-1003

Daytime Phone # 0026553

CR2E037 (9/96)