

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002757 (0)**  
1. Corporation Name

**SOUTH FLORIDA SLUGGERS BASEBALL CLUB, INC.**



Principal Place of Business <b>200 S. BISCAYNE BLVD. STE. 2500 MIAMI FL 33131 US</b>		Mailing Address <b>200 S. BISCAYNE BLVD STE. 2500 MIAMI FL 33131 US</b>		3. Date Incorporated or Qualified <b>05/17/1996</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		4. FEI Number <b>65-0676218</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, ALLEN J 200 S. BISCAYNE BLVD STE. 2500 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD</b>	<b>BARRES, AGUSTIN</b>	<b>3895 NW 5TH STREET MIAMI FL 33126</b>		<b>D</b>	<b>Ivan Chavez</b>	<b>5911 SW 9 Terr West Miami, FL 33144</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>S70D</b>	<b>BARRES, ROSEL</b>	<b>3895 NW 5TH STREET MIAMI FL 33126</b>		<b>D</b>	<b>William Pope</b>	<b>6370 SW 18 Terr. West Miami FL 33155</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>VD</b>	<b>SIMONHOFF, MICHAEL</b>	<b>3503 MAIN HIGHWAY COCONUT GROVE FL 33133</b>		<b>D</b>	<b>Carmen Calzon</b>	<b>2123 SW 59 Av Miami FL 33155</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
					<b>DT</b>	<b>BARRES Agustin</b>	<b>3895 NW 5 ST Miami FL 33126</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
					<b>S P D</b>	<b>BARRES Rosel</b>	<b>3895 NW 5 ST Miami FL 33126</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE: *Agustin Barres* 4/20/98 305-6661860X608

CP2E037 (10/97)