

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003317 (2)
 1. Corporation Name
CORAL REEF WRESTLING CLUB, INC.



Principal Place of Business C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI FL 33156	Mailing Address C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI FL 33156
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3. Date Incorporated or Qualified 06/20/1996	4. FEI Number 65-0684278	Applied For <input type="checkbox"/> Yes <input checked="" 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**KRAUSE, THOMAS E
9700 S DIXIE HWY #550
MIAMI FL 33156**

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

I, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D YOUNG, ROARK <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10103 HIDDEN PLACE	1.2 NAME	Director
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	THOMAS KRAUSE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	9700 S DIXIE HWY
TITLE	V <input type="checkbox"/> DELETE	1.5 CITY-ST-ZIP	MIAMI FL 33156
NAME	DOMINGUEZ, AUGUSTIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8540 SW 104 STREET	2.2 NAME	
CITY-ST-ZIP	MIAMI FL	2.3 STREET ADDRESS	
TITLE	S <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	REICHENBACH, ROBERT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9220 SW 140 STREET	3.2 NAME	
CITY-ST-ZIP	MIAMI FL	3.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	FERNANDEZ, JOHN	4.1 TITLE	MILTON FISHER Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12440 OLD CUTLER RD	4.2 NAME	COAL PLACE II
CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS	1581 VANDERVA AVE
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	CHEN GABLES, FL 33146
NAME	QUIROGA, MARIO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18553 TIFFANY DRIVE	5.2 NAME	
CITY-ST-ZIP	MIAMI FL	5.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	BRAVO, JUAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7360 SW 138 STREET	6.2 NAME	
CITY-ST-ZIP	MIAMI FL	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 _____ DATE **01/06/98** (305) 661-2395

CR2E037 (10/97)