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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003779 (3)

1. Corporation Name

MIAMI METRO YOUTH BASKETBALL, INC.



Principal Place of Business

Mailing Address

2921 N.W. 179TH ST.
MIAMI FL 33056

2921 N.W. 179TH ST.
MIAMI FL 33056-3526

3. Date Incorporated or Qualified
07/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0744008

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, LYNN A
2921 N.W. 179TH ST.
MIAMI FL 33056

81 Name

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

83

84 City

FL

85 Zip Code

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 Linda M E DUFFIE, DIRECTOR DELETE
NAME 2921 N.W. 179 STREET
STREET ADDRESS MIAMI, FLORIDA 33056
CITY-ST-ZIP

1.1 TITLE V/P VICE PRESIDENT. Change Addition
1.2 NAME VIRGINIA HARRIS
1.3 STREET ADDRESS 369 NE 191 ST, APT 204
1.4 CITY-ST-ZIP MIAMI, FLA 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D DIRECTOR Change Addition
2.2 NAME SHEILA E. WILLIAMS
2.3 STREET ADDRESS 2921 NW 179 ST
2.4 CITY-ST-ZIP MIAMI, FLA 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S SECRETARY Change Addition
3.2 NAME SHARLEY PLYER
3.3 STREET ADDRESS 1960 NW 194 TRINACE
3.4 CITY-ST-ZIP MIAMI, FLA 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T TREASURER Change Addition
4.2 NAME LINDA HICKS
4.3 STREET ADDRESS 19320 NW 22ND PLACE
4.4 CITY-ST-ZIP MIAMI, FLA 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE P/D President Change Addition
5.2 NAME LYNN A. WILLIAMS
5.3 STREET ADDRESS 2921 NW 179 ST
5.4 CITY-ST-ZIP MIAMI FLA 33056

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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, 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

4-25-97

305-622-3864

CR2E037 (9/96)