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Secretary of State

09-21-1999 90023 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003779

1. Corporation Name

MIAMI METRO YOUTH BASKETBALL, INC.

618169-90023-13

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/18/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0744008
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing <input type="checkbox"/>
	30	Trust Fund Contribution \$5.00 May Be Added to Fees.

9. Name and Address of Current Registered Agent

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

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

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	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, VIRGINIA	1.2 NAME	
STREET ADDRESS	369 N.E. 191 ST, APT. 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHELIA E	2.2 NAME	VP,D
STREET ADDRESS	2921 N.W. 179 ST	2.3 STREET ADDRESS	WILLIAMS, SHELIA E.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	2921 N.W. 179th Street
TITLE	T	3.1 TITLE	
NAME	PLAYER, SHIRLEY	3.2 NAME	
STREET ADDRESS	1960 N.W. 194 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, LINDA	4.2 NAME	S,D
STREET ADDRESS	19320 N.W. 22ND PLACE	4.3 STREET ADDRESS	HICKS, LINDA
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	19320 N.W. 22nd Place
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LYNN A	5.2 NAME	
STREET ADDRESS	2921 N.W. 179ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEASER, ANGELA	6.2 NAME	
STREET ADDRESS	20200 SW 114 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 in an attachment with an address, with all other like empowered.

SIGNATURE:

ANGELA CEASER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

305 620 3574

Date

Daytime Phone #

CR2E037 (11/98)