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Feb 04 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 # **N96000005812 (0)**

1. Corporation Name

CARLOS PASCUAL PONY LEAGUE, INC.

Principal Place of Business

Mailing Address

1835 W. FLAGLER ST., STE. 200
MIAMI FL

1835 W. FLAGLER ST., STE. 200
MIAMI FL

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/11/1996

4. FEI Number

65-0711682

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RODRIGUEZ, JOSEPH M
1835 W. FLAGLER ST., STE. 200
MIAMI FL

81 Name

CARLOS A. PASCUAL

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

83

2540 S.W. 92 CT

84 City

MIAMI

FL

85 Zip Code

33165

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Carlos Pascual

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PASCUAL, CARLOS SR.	
STREET ADDRESS	2540 SW 92 CT.	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	T	<input type="checkbox"/> DELETE
NAME	PASCUAL, XIOMARA	
STREET ADDRESS	2540 SW 92 CT.	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	PASCUAL, CARLOS JR.	
STREET ADDRESS	13194 SW 19 TER.	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	S	<input type="checkbox"/> DELETE
NAME	PASCUAL, SILVIA P	
STREET ADDRESS	8971 SW 10 TER.	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POLO, RUBEN	
STREET ADDRESS	3700 NW 13 ST.	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MADERAL, JOSE	
STREET ADDRESS	3031 NW 1 ST.	
CITY-ST-ZIP	MIAMI FL 33125	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

IGNATIUS *Ignatius Pascual*

1-13-98

CR2E037 (10/97)