NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005812

Country

CARLOS PASCUAL PONY LEAGUE, INC.

Principal Place of Business									
1835 W. FLAGLER S	T., STE. 200								
MIAMI FL									

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

1835 W. FLAGLER ST., STE. 200

MIAMI FL

26

27

28

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90065 023 *****75.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

11/11/1996

65-0711682

4. FEI Number

24	25	29		30			Trust	Fund Contrib	ution		Added to	Fees		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
	,	A SAME OF A CONTRACTOR	1974		81	Name								
PASCUAL	CARLOS A	SELECTION SOL			82	Stroot A	Address (P.O. Bo	v Number is	Not Accept	able)				
2540 SW	92 CT				02	Jueet A	1001000 (F.V. DO	v (4011100) 12	TOL TOUCHE	,,,,,				
MIAMI FL					83									
MINTALL I.E.	35,105				Ш									
	tions to the con-		e Grand Comment		84	City	۶r	wasan sa engaga		FL		, p p. 6 + 4 - 3 ,		
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 pri	nted name of registered agent and title				t signature re-	quired when reinstating		EC TO OF	DATE	ID DIRECTOR	20 IN 12		
12.	DD	OFFICERS AND DIRE		13			ADDITE		E3 10 UF	FICERS A	Change	Addition		
TITLE	DP COUAL CA	ADLOC CD	☐ DELETE	1	TITLE	. 1	•. •							
NAME .	PASCUAL, CA				NAME		\$1 · ·	4 KT	٠.		*	- '		
STREET ADDRESS	2540 SW 92 (•				ADDRESS			, , , ,			٠,		
CITY-ST-ZIP	MIAMI FL 331	55			CITY-ST	-ZIP			· · · · ·		Change	Addition		
TIFLE ,	1		☐ DELETE	21	TITLE	1					Change	☐ Addition		
NAME .	PASCUAL, XI			2.2	NAME	1					*	.		
STREET ADORESS	2540 SW 92 0		nea	2.3	STREET	ADDRESS	•				_			
CITY-ST-ZIP		65 . [4] [4] [4] [4] [5]		2.4	CITY-S	T-ZIP								
ΠLE	DV		☐ DELETE	3.1	TITLE	.					☐ Change	Addition		
	PASCUAL, CA			3.2	NAME	1				• .		.		
STREET ADDRESS	13194 SW 19	TER.		3.3	STREET	ADDRESS			••		*.	,		
CITY ST-ZIP	MIAMI FL 331	75		3.4.	CITY-S	T-ZIP				4				
ΠΠLE	S		☐ DELETE	4.1	MLE					*	☐ Change	Addition		
NAME IN FLORIS	PASCUAL, SII	LVIA P	•	. 4.2	NAME					Assertance	e en	sinst to		
STREET ADDRESS	8971 SW 10 1		in The Committee of the	4.3	STREET	ADDRESS	-1					(g.g)		
CITY-ST-ZIP	MIAMI FL 331	74		4.4	CITY-ST	-ZIP			4,	1				
TITLE	D	,	☐ DELETE	5.1	TITLE						☐ Change	Addition		
NAME	POLO, RUBEN	V		5.2	NAME	.]				- '	• * .			
STREET ADDRESS	3700 NW 13			5.3	STREET	ADDRESS			•					
CITY-ST-ZIP	MIAMI FL 331	25	**	5.4	CITY-ST	-ZIP								
TITLE	D. Park Park Programme	era de esta de la composición de la co	. DELETE	6.1	TITLE						☐ Change	☐ Addition		
NAME	MADERAL, JO			6.21	NAME									
		~	•	6.3	STREET	ADDRESS	•			•		t gas		
CITY-ST-ZIP	MIAMI FL 331			6.4	CITY-ST	-ZIP								
14. I hereby o	ertify that the inf	ormation supplied with this f	iling does not qualify fo	r the ex	emptic	on stated	in Section 119.0	7(3)(i), Florid	a Statutes.	l further ce	rtify that the in	formation		
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											am an			

Country

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, with all other like empowered.