

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000006520 (8)
 1. Corporation Name
 MIAMI POWER TEAM FOUNDATION INC.



Principal Place of Business Mailing Address
 14236 SW 62ND ST. MIAMI FL 33183
 14236 SW 62ND ST. MIAMI FL 33183

3. Date Incorporated or Qualified
 12/23/1996

4. FEI Number 65-0713616 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

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

2. Principal Place of Business 2a. Mailing Address
 21 ~~XXXXXXXXXX~~ 26
 Suite, Apt. #, etc. 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
 SANCHEZ, MIGUEL
 14236 SW 62ND ST.
 MIAMI FL 33183

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

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 617.0513, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 9/28/98
Signature, name or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: SANTANA, JUNIOR STREET ADDRESS: 4840 SW 4 TERR. CITY-ST-ZIP: MIAMI FL 33126	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: SANCHEZ, MARIA J STREET ADDRESS: 13201 SW 71 ST. CITY-ST-ZIP: MIAMI FL 33183	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: SANCHEZ, MIGUEL STREET ADDRESS: 13201 SW 71 ST. CITY-ST-ZIP: MIAMI FL 33183	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: MORENO, JORGE STREET ADDRESS: 16140 S.W. 139 AVE. CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: SWIFT, VIVIAN STREET ADDRESS: 10021 SW 223RD LN. CITY-ST-ZIP: MIAMI FL 33190	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: LURDES, MIRABAL STREET ADDRESS: 12420 SW 32 TERR. CITY-ST-ZIP: MIAMI FL 33175	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ***61.25

LIDIA CABRERA
 13350 S.W. 1ST #
 MIAMI, FL. 33184

RAMON GONZALEZ JR.
 13204 S.W. 69TH
 MIAMI, FL. 33183

10/10/98

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: *[Signature]* Miguel Sanchez 28/9/98 (305) 380-8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)