


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90013 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



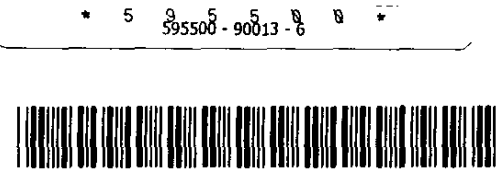
FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N96000006520**

1. Corporation Name  
**MIAMI POWER TEAM FOUNDATION INC.**

Principal Place of Business Mailing Address

14236 SW 62ND ST. 14236 SW 62ND ST.  
 MIAMI FL 33183 MIAMI FL 33183



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/23/1996
23	City & State	City & State	4. FEI Number
24	Zip	Zip	65-0713616
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, MARIA J	
STREET ADDRESS	13201 SW 71 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	<del>DR D SC</del>	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MIGUEL	
STREET ADDRESS	13201 SW 71 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CABRERE, LIDIA	
STREET ADDRESS	13350 SW 1ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, RAMON JR.	
STREET ADDRESS	13204 SW 69 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LURDES, MIRABAL	
STREET ADDRESS	12420 SW 32 TERR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Dr. Alberto T. Fernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		7901 SW. 132 AVE
1.3 STREET ADDRESS		MIAMI, FL. 33183
1.4 CITY-ST-ZIP		
2.1 TITLE	D	Jose Amado Garcia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		12625 SW 72ST
2.3 STREET ADDRESS		MIAMI, FL. 33183
2.4 CITY-ST-ZIP		
3.1 TITLE	T	Cabrera Lidia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		13350 SW 1ST
3.3 STREET ADDRESS		MIAMI FL 33184
3.4 CITY-ST-ZIP		
4.1 TITLE	Tr	OLGA DEL VALLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		6401 S.W. 56 ST
4.3 STREET ADDRESS		MIAMI, FL. 33155
4.4 CITY-ST-ZIP		
5.1 TITLE	S	Lourdes Velazquez <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		12420 SW 32 Terr.
5.3 STREET ADDRESS		MIAMI, FL. 33175
5.4 CITY-ST-ZIP		
6.1 TITLE	Tr	ANAMARIA LAMAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		9980 SW. 71 AVE
6.3 STREET ADDRESS		MIAMI, FL. 33156
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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** 7-12-99 (305) 380-8759  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)