AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

APPROVED AND FILED
98 OCT 26 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N97000000460 (2)

1. Corporation Name

MIAMI ATHLETIC ASSOCIATION OF THE DEAF, INC.

Principal Place of Business	Mailing Address
6325 NW 179 TERRACE MIAMI FL 33015	6325 NW 179 TERRACE MIAMI FL 33015

3. Date Incorporated or Qualified: 01/28/1997

4. FEI Number: 65-0727855 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

MARTINEZ, MIGUEL
6325 NW 179 TERRACE
MIAMI FL 33015

500002674685--4
-10/28/98--01075--012

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 section 617.0502 and 617.0503, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MOISES MARTINEZ (BOARD) ☐ DELETE 5858 W 18 Ave Hialeah FL 33012	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: Director Moises Martinez 5858 W. 18 Ave Hialeah, FL 33012 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Pr Miguel Martinez (President) 6325 NW 179 Terr Miami FL 33015 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: ~~Secretary~~ Director Henry Meregildo 1010 Burlington st Opa Locka, FL 33054 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DAVID Fraguela 6030 W 22 Ct Apt #103 Hialeah FL 33016 (Board) ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: Director Bennie Johnson 1455 NW 68 Terr Miami, FL 33147-7143 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Henry Meregildo 1010 Burlington st Opa-Locka FL 33054 (Board) ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: Trustees David Fraguela 6030 W 22 ct #103 Hialeah, FL 33016 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Bennie Johnson 1455 NW 68 Terr Miami Fla 33147-7143 (Board) ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: Trustees Harold Green 1270 NW 95 st #320 Miami, FL 33147 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: HAROLD Green V-Pres 1270 N.W. 95 St. #320 Miami, Fla. 33147 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: Trustees Leonor Martinez 6325 NW 179 Terr Miami, FL 33015 ☐ Change ☐ Addition 10/26

CR2E037 (5/98)

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: X Miguel Martinez FILED 9-26-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #