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

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

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 #