

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000004978

1. Corporation Name

ALL STARS SOCCER CORP.

Principal Place of Business

2318 SW 23 ST
MIAMI FL 33145

Mailing Address

2318 SW 23 ST
MIAMI FL 33145

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90209 037 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0781257

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

9. Name and Address of Current Registered Agent

PEREZ, REINALDO A
2318 SW 23 ST
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name **CARLOS MARTINEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
3419 S.W. 8TH STREET

83 **MIAMI, FL.**

84 City

FL

33135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE **D** ☒ DELETE
NAME **PEREZ, REINALDO A**
STREET ADDRESS **2318 SW 23 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ DELETE
NAME **PARADA, OSCAR A**
STREET ADDRESS **2318 SW 23 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☐ DELETE
NAME **SAGUER, ERNESTO A**
STREET ADDRESS **2318 SW 23 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ DELETE
NAME **SOROGASTUA, ANA C**
STREET ADDRESS **2318 SW 23 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **CARLOS MARTINEZ**
1.3 STREET ADDRESS **3419 SW 8TH STREET**
1.4 CITY-ST-ZIP **MIAMI, FL. 33135**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **ERNESTO A. SAGUER**
2.3 STREET ADDRESS **3419 SW 8TH STREET**
2.4 CITY-ST-ZIP **MIAMI, FL. 33135**

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **JORGE PITALUGA**
3.3 STREET ADDRESS **3419 SW 8TH STREET**
3.4 CITY-ST-ZIP **MIAMI, FL. 33135**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **COSMEAU ALBIZU**
4.3 STREET ADDRESS **3419 SW 8TH STREET**
4.4 CITY-ST-ZIP **MIAMI, FL. 33135**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

(305) 476-5775

Daytime Phone #

CR2E037 (11/98)