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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000004537

1. Corporation Name
SOUTH DADE CRICKET LEAGUE, INC.

Principal Place of Business	Mailing Address
19511 BELVIEW DR. MIAMI FL 33157	19511 BELVIEW DR. MIAMI FL 33157

2. Principal Place of Business 21 19511 BELVIEW, DR	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicable
City & State 23 MIA, FL.	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 33157 Country US 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINGH, EARL G 19511 BELVIEW DR. MIAMI FL 33157	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 _____ 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	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NARANDRA, KALLIAN		1.2 NAME		
STREET ADDRESS	9485 CUTLER RIDGE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOORLEY, ELVIS R		2.2 NAME		
STREET ADDRESS	122717 S.W. 104 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARJOON, JUNIOR		3.2 NAME		
STREET ADDRESS	9820 APRIL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SINGH, EARL G		4.2 NAME		
STREET ADDRESS	19511 BELVIEW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-23-99 (305) 253-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #