


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005566			
1. Corporation Name THE LIONS ATHLETIC ASSOCIATION, INC.			
Principal Place of Business C/O ARTHUR W. KARLICK 1454 N.W. 17TH AVENUE, SUITE #200 MIAMI FL 33125-2384		Mailing Address C/O ARTHUR W. KARLICK 1454 N.W. 17TH AVENUE, SUITE #200 MIAMI FL 33125-2384	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KARLICK, ARTHUR W 1454 N.W. 17TH AVENUE SUITE #200 MIAMI FL 33125-2384				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, JOSE M			1.2 NAME			
STREET ADDRESS	13311 D. S.W. 88TH TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-ST-ZIP			
TITLE	1VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAGE, MARIE			2.2 NAME			
STREET ADDRESS	14000 S.W. 83RD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			2.4 CITY-ST-ZIP			
TITLE	2VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTRO, HENRY SR			3.2 NAME			
STREET ADDRESS	104 S.W. 97TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			3.4 CITY-ST-ZIP			
TITLE	3VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAGE, BILL			4.2 NAME			
STREET ADDRESS	14000 S.W. 83RD STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UEHLE-SMITH, ROSE M			5.2 NAME			
STREET ADDRESS	175 S.E. 25TH ROAD, #11C			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTRO, YOLANDA			6.2 NAME			
STREET ADDRESS	104 S.W. 97TH COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			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 RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)