

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005893

COSTA RICA SOCCER CLUB, INC.

Principal Place of Business

1550 NORTHEAST 1213RD STREET

APT N203

NORTH MIAMI FL 33161

2. Principal Place of Business

Mailing Address

1550 NORTHEAST 1213RD STREET

NORTH MIAMI FL 33161

2a. Mailing Address

FILED May 17, 1999 8:00 am § Secretary of State

05-17-1999 90069 048 ****61.25



3. Date Incorporated or Qualifed

10/16/1998

21 SAME	AS F	1BOVE	26	SAME	AS_	ABC!	VE	10/16/1998		
1000	Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied For		
22	27							65-0869614 Not Applicable		
City & State City & State								5. Certificate of Status Desired \$8.75 Additional		
28						_		5. Certificate of Status Desired		
Zip	Country Zip					Country		6. Election Campaign Financing \$5.00 May Be		
24	25 29 30							Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81	Name	e		
AMERILAWYER						82	82 Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE										
CORAL GABLES FL 33134						83				
						84	84 City 85 Zip Code			
						1 1	FL			
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.										
organization specification and the second se							t signature r	re required when reinstating) DATE		
OTTOLIO AND BITCOTO						13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ DE	LETE	1.1 TITLE		TD Change Addition		
NAME	CAMPOS,	.Johann s				1.2 NAME		MARIA DE LA C. FERNANDEZ		
STREET ADDRESS	1550 NOF	rtheast 1213RD Stf	EET			1.3 STREET	ADDRESS	1550 N.E 123 ST # N.203		
CITY-ST-ZIP	NORTH M	IAMI FL 33161				1.4 CITY-ST	-ZIP	NORTH MIAMI FL, 33161		
TITLE	VD			☐ ĐE	LETE	2.1 TITLE		SD Addition		
NAME	CAMPOS,	JUAN F SR.				2.2 NAME		JUAN F CAMPOS JR		
STREET ADDRESS	ss 1550 NORTHEAST 1213RD STREET 2					2.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH M	IAMI FL 33161				2.4 CITY-5	T-ZIP	NORTH MIAMIFL, 33/61		
TITLE	STD			DE	LETE	3.1 TITLE		/ Change Addition		
NAME	CAMPOS.	JUAN F JR.				3.2 NAME				
STREET ADDRESS	COS ALONG ITACT AS ADD CONTENT					3.3 STREET	ADDRESS	ss		
CITY-ST-ZIP	NORTH M	IAMI FL 33161				3.4. CITY-S	T-ZIP			
TITLE		•		□ DE	LETE	4.1 TITLE		☐ Change ☐ Addition		
NAME						4.2 NAME				
STREET ADDRESS						4.3 STREET	ADDRESS	ss		
CITY-ST-ZIP						4.4 CITY-ST	-ZIP			
TITLE				□ D8	LETE	5.1 TITLE		☐ Change ☐ Addition		
NAME		٠,				5.2 NAME		-		
STREET ADDRESS						5.3 STREET	ADDRESS	ss		
CITY-ST-ZIP						5.4 CITY-ST	-ZIP			
TITLE		-		□ DE	LETE	6.1 TITLE		☐ Change ☐ Addition		
NAME						6.2 NAME				
STREET ADDRESS						6.3 STREET	ADDRESS	ss		
SIKEEI AUUKESS								1		

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 trootee 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 of on an attachment with about respect to the resp

SIGNATURE: