

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>P93000007725 (3)</b> 1. Corporation Name <b>NATIONAL IN-LINE HOCKEY ASSOCIATION, INC.</b>



Principal Place of Business <b>1221 BRICKELL AVE. SUITE 910 MIAMI FL 33131-3200</b>	Mailing Address <b>1221 BRICKELL AVE. SUITE 910 MIAMI FL 33131-3200</b>
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3. Date Incorporated or Qualified <b>01/25/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0384323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>999 Brickell Ave</b> Suite, Apt #, etc. 22 <b>9th Floor</b> City & State 23 <b>Miami FLORIDA</b> Zip 24 <b>33131</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>999 Brickell Ave</b> Suite, Apt #, etc. 27 <b>9th Floor</b> City & State 28 <b>Miami FLORIDA</b> Zip 29 <b>33131</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>MIREAULT, JOSEPH R R 1221 BRICKELL AVE. SUITE 910 MIAMI FL 33131-3200</b>	10. Name and Address of New Registered Agent 81 Name <b>Mireault, Joseph R.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>999 Brickell Ave</b> 83 <b>9th Floor</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33131</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PST MIREAULT, JOSEPH R.</b>	12 NAME	
STREET ADDRESS	<b>1925 BRICKELL AVENUE, #D-1201</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lauren Weber* **Lauren Weber - Director of Legal Affairs** 6/11/96 800 3528 NJHA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 w/ power of attorney for the Corporation.

CR2E034 (3/96)