

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

#165

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073016 (6)

1. Corporation Name
HARDBALL BASEBALL SCHOOL, INC.

Principal Place of Business
10321 SW 147 CT. CL. #6
MIAMI FL 33196

Mailing Address
10321 SW 147 CT. CL. #6
MIAMI FL 33196

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
21 10000 SW 82 AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 10321 SW 147 CT CL #6
Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

27 City & State
28 MIAMI FL

24 Zip
33156

29 Zip
33196

3. Date Incorporated or Qualified
10/19/1993

3a. Date of Last Report
06/06/1996

4. FEI Number
65-0444029

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOSAR, MIGUEL
10321 SW 147 CT. CL. #6
MIAMI FL 33196

TOSAR, MIGUEL
10321 SW 147 CT. CL. #6
MIAMI, FL. 33196

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 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. I hereby 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOSAR, MIGUEL	
STREET ADDRESS	8290 SW 90TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLAZO, LAZARO D	
STREET ADDRESS	8583 W 2ND CT.	
CITY-ST-ZIP	HALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIGUEL TOSAR	
1.3 STREET ADDRESS	10321 SW 147 CT. CL. #6	
1.4 CITY-ST-ZIP	MIAMI, FL. 33196	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Signature] 5-23-97 (305) 222-234

CR2E034 (9/96)