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

PROFIT CORPORATION ANNUAL REPORT

1998

22

City & State



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000073016 (6)

HARDBALL BASEBALL SCHOOL, INC.

Principal Place of Business Mailing Address 10321 SW 147 COURT 10000 SW 82 AVE MIAMI FL 33156 MIAMI FL 33196 3. Date Incorporated or Qualified 10/19/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 830785 26 P.O. BOX 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status DesIred

City & State

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

65-0444029

6. Election Campaign Financing

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

23		28 MIAMI F		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 33283 3	USA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
TOSAR, MIGUEL			81 Name	-	71.1
10321 SW 147 CT,CRL#6			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33196					
			83		
			84 City		85 Zip Code
			,		FL ` }
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named copporation 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 correction'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	MIGUEL TOSAR	PRESIDENT	W. You	<u> </u>	29-98
GIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NQTE, F	legistered Agent signature require		ΤΕ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	TOSAR, MIGUEL		1.2 NAME		
STREET ADDRESS	10321 SW 147 CT , #6		1,3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1,4 CITY-ST-ZIP		Observe L Addition
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	COLLAZO, LAZARO D		2.2 NAME		1
STREET ADDRESS	8583 W 2ND CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY - ST-ZIP		Ohanna Addition
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE		ChangeAddition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		OELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I furth	er certify that the thiormation

indicated on this anique report or supplementation and interest and that my signature sharinave the same legal effect as it made under oath; that I am a officer or director of the corporation of the processor 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 if changed, of on ap attachment with ap address.

1-29-98