

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000073499 (4)**

1. Corporation Name
BIG LEAGUE MANAGEMENT, INC.



Principal Place of Business 16695 NE 10TH AVENUE NORTH MIAMI BEACH FL 33162	Mailing Address 16695 NE 10TH AVENUE NORTH MIAMI BEACH FL 33162-3707
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3. Date Incorporated or Qualified 10/22/1993	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 20120 N.E. 23 CT.	4. FEI Number 65-0448613	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State 28 Miami FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	29 Zip 33180	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	30 Country USA.		

9. Name and Address of Current Registered Agent

**GORFINKEL, NESTOR B
7 NW 2ND STREET
#203
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name NESTOR B. GORFINKEL
82 Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE Suite 401
83
84 City Bay Harbor Islands, FL
85 Zip Code 33154

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:  **NESTOR B. GORFINKEL** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAPOZNIK, MARIO		1.2 NAME	
STREET ADDRESS 16695 NE 10TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBERMAN, ELI		2.2 NAME	
STREET ADDRESS 16695 NE 10TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; that 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 if changed, or on an attachment with an address

SIGNATURE:  **MARIO SAPOZNIK** DATE: **1-15-97** (305) 933-1883

CR2E034 (9/96)