## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



H ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1	996	18	DIV	ISION OF C	ORPORAT	IONS						
DOCUMENT # P94000026184 (9) 1. Corporation Name													
	SOUTH	FLORID	)a sports m	ARKETING, INC.									
Prin	cipal Place o	of Business		Mailing Addres	Mailing Address							JOHN DIEL 1801	
20185 EAST COUNTRY CLUB DRIVE				20185 EAST	20185 EAST COUNTRY CLUB DRIVE								
SUITE 1606 AVENTURA FL 33180				SUITE 1606	SUITE 1606 AVENTURA FL 33180								
				AVENTURA				3.	Date Incorporated or Qualified 04/06/1994	3a. Date of L 07/3	.ast Rep 1/199	1	
2. Principal Place of Business				2a. Maling Ad	2a. Maling Address				FET Number		$\vdash$	oplied For	
21				26					65-0485931			ot Applicable	
Suite, Apt. #, etc.				1 1	Suite, Apt. #, etc.				Certificate of Status Desired	□ <b>\$</b>	_	Additional equired	
22	City & State				Oty & State				6. Election Campaign Financing \$5.00 May Be				
23				28	F				Trust Fund Contribution			to Fees	
	Zip	Country		Zρ	Zρ		Country		This corporation has liability for		iders 1	199.032,	
24		25 29			30					s No			
ļ		g, Name	and Address of C	urrent Registered Ager	ıt		Name	10.	Name and Address of New	Hegistered Age	nt		
PURPURA, RONALD T 20185 E. COUNTRY CLUB DRIVE, SUITE 1606 AVENTURA FL 33180							ARTHUR W. TIFFORD P.A.  82 Street Address (P.O. Box Number is Not Acceptable)  1385 NW 15 Street  83						
MILMION CE SOID						1	14 Wilan			FL 8	5 331	<b>25</b> °	
	or registere familiar with	d agent, or <sup>1</sup> <b>ARTHU</b>	both, in the State of the State	if Flancia. Such chunge wa Rection 607,0505, Floric	is authorized	by the co	e-named corp reporation's b	ioard of di	submits this statement for the purectors. I hereby accept the ap	urpose of changir pointment as region 128	stered	gistered office agent Fam	
12.		Signarine 'AR	<u>THUR WENT</u> OFFICE	FFORD: ESO.	47"	13.	Jeni Silvatine del	1 2 3 1 1 1	ADDITIONS/CHANGES TO OF			RS IN 12	
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City-St-2iP

14. If 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 suppliemental 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 altagrament with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7AY 33, 1496 (30-193)640