

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000057188 (2)**

1. Corporation Name
SPORTS PLAN ASSOCIATES, INC.



Principal Place of Business: % 7015 BERACASA WAY SUITE 204 BOCA RATON FL 33433
 Mailing Address: % 7015 BERACASA WAY SUITE 204 BOCA RATON FL 33433

3. Date Incorporated or Qualified: **06/02/1994** 3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 **C/O BERHALTER** 27 **SD KNICKERBOCKER RD** 28 **TENAFLY, N.J** 29 **07670** 30 **USA**

4. FEI Number: **65-0517145** Applied For: Not Applicable
 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
WALSER, THOMAS C ESQUIRE
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE: **P** REYNA, MIGUEL
 NAME: **REYNA, MIGUEL**
 STREET ADDRESS: **7 DUNDAR ROAD**
 CITY-ST-ZIP: **SPRINGFIELD NJ 07081**
 TITLE: **VPS** REYNA, CLAUDIO
 NAME: **REYNA, CLAUDIO**
 STREET ADDRESS: **12855 SW 66TH TERRACE DRIVE**
 CITY-ST-ZIP: **MIAMI FL 33175**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
 2.1 TITLE: **V/S/D** REYNA, CLAUDIO Change Addition
 2.2 NAME: **REYNA, CLAUDIO**
 2.3 STREET ADDRESS: **8770 SW 72ND ST, #151**
 2.4 CITY-ST-ZIP: **MIAMI, FL 33173**
 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: Change Addition
 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: Change Addition
 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: Change Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claudio Reyna (Pod) 2/17/96 201.567-0150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)