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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000074028 (9) SOUTH FLORIDA SPORTS COUNCIL, INC.

**FILED** Mar 06 1997 8:00am Secretary of State

7/97 (305)865.4300



Principal Place	of Business	Mailing Address		F UPDINDER HIM HAVEL DEMEN AND IN MALLE WIN 415	MAIN (MAIN MIGIS MAIN SIMB) (MIL 1891	
5601 COLLINS	AVENUE	5601 COLLINS AVENUE				
SUITE ONE		SUITE ONE	· A			
MIAMI BEACH FL 33140		MIAMI BEACH FL 33140-2456		Date Incorporated or Qualified	3a. Date of Last Report	
				10/05/1994	05/24/1996	
2. Principal Pi	lace of Business	2a, Mailing Address	11. 1.	4. FEI Number	Applied For	
21 560	1 Collins Avenue	26 560/ L	ollins Ave.	65-0532268	Not Applicable	
Suite, Apt	#,etc # CU-1	Suite, Apt. #, plc.	ollins Ave. # CU-1	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	mi Beach	City & State 28 M 14 m / 1.	Reach	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 <i>MiA</i>	Country	7ip m m + +	Country	Trust Fund Contribution  8. This corporation has liability for i		
24 33,	140 25 USA	29 33/40	30 VSA	Florida Statutes	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	MAN-WALLER, LOUIS ESQ.		OI Name			
901 PONCE DE LEON BLVD.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 502			83			
COR	AL GABLES FL 33134		55			
ı	•		84 City	<u></u>	FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	urpose of changing its registered	
office or n agent Tai	egistered agent, or both, in the State ( m fam⊪iar with, and accept the obliga	of Horida. Such change was a tions of, Section 607,0505, Flo	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby accep	of the appointment as registered	
SIGNATURE						
	Signature typed or punited name of registered agen	t and tele if applicable (NOTE	Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PSD	L_) DELETE	1.1 T(TL€		☐ Change ☐ Addition	
NAME	CANSECO, OSVALDO		1.2 NAME			
STREET ADORESS	965 N.W. 197TH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY+ST-ZIP			
1rft.F		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CTTY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
TOTLE		L'I pereit	31 TITLE		Custige La Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
017Y-ST-7IP		DELETE	3 4. CITY-ST-ZIP 4 1 TITLE		Change Addition	
TITLE		C) beter	4. 2 NAME		ET Visalige Em rigoritori	
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-SI-ZIF TOTEE		DFLETE	4 4 CITY - ST - ZIP 51 TITLE		Change Addition	
NAME		<u></u>	5 2 NAME	•		
			5.3 STREET ADDRESS			
STREET ADORESS						
CHY-ST-ZIF TITLE		DELETE	5 4 City-St-ZiP 61 Title		Change Addition	
NAME		December	62 NAME	•		
1			63 STREET ADDRESS	•	<b>≥</b> ' \(\) \	
STREET ADDRESS			64 CITY-ST-ZIP	$\Omega_{k,C}$	(7)/0/(7)	
14   do heret	ov certify that the information supplied	with this filing does not awhife	v for the exemption states	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
informatio Lam an of	on indicated on this annual report or so fficer or director of the corporation	inplemental annual reports to	up and accurate and that	t my signature shall have the same lega as required by Chapter 607, Florida S	il effect as if made under oath; that statutes; and that my name	