

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000074028 (9)

1. Corporation Name

SOUTH FLORIDA SPORTS COUNCIL, INC.

Principal Place of Business

Mailing Address

5601 COLLINS AVE.
SUITE # CV -1
MIAMI BEACH FL 33140-2456
US

5601 COLLINS AVE.
SUITE # CV -1
MIAMI BEACH FL 33140-2456
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

65-0532268

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLMAN-WALLER, LOUIS ESQ.
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

81 Name

Louis M. Hillman-Waller

82 Street Address (P.O. Box Number is Not Acceptable)

782 N.W. LeJeune Rd

83

Suite 350

84 City

Miami

FL

85 Zip Code

33126

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

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Louis M. Hillman-Waller

1/9/98

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CANSECO, OSVALDO
STREET ADDRESS 865 N.W. 197TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR
1.2 NAME JUAN C. IGLESIAS
1.3 STREET ADDRESS 7205 S.W. 109 TER
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE VICE PRESIDENT/DIRECTOR
2.2 NAME DAVID VALDES
2.3 STREET ADDRESS 5601 COLLINS AVE #CV-1
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

1/9/98 (305)
865-4300

CR2E034 (10/97)