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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012971 (4)

1. Corporation Name

CRICKET ACADEMY, U.S.A. INC.



Principal Place of Business

Mailing Address

8467 NW 43RD CT  
CORAL SPRINGS FL 33065

8467 NW 43RD CT  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified  
02/15/1995

3a. Date of Last Report

02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 7470 MIAMI LAKES DR

26 15476 NW 77th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT # B102

27 SUITE 500

City & State

City & State

23 MIAMI LAKES FL

28 MIAMI LAKES FL

Zip

Country

Zip

Country

24 33014

25 USA

29 33016

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, MAURICE L  
8467 NW 43RD CT  
CORAL SPRINGS FL 33065

81 Name

DANIEL, ANAND

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

7470 MIAMI LAKES DR # B102

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Anna Maria Fitzworne Amin

APRIL 26, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FITZWORME-AMIN, ANNA MARIA  
STREET ADDRESS 10865 SW 156TH TERRACE  
CITY - ST - ZIP MIAMI FL 33157

1.1 TITLE DIRECTOR  
1.2 NAME DANIEL, ANAND  
1.3 STREET ADDRESS 7470 MIAMI LAKES DR # B102  
1.4 CITY - ST - ZIP MIAMI LAKES FL 33014

TITLE D  
NAME ANDERSON, MAURICE L  
STREET ADDRESS 8467 NW 43RD CT  
CITY - ST - ZIP CORAL SPRINGS FL 33065

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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:

Anna Maria Fitzworne Amin

ANNA MARIA FITZWORME AMIN Apr 26/96 205-819-3892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)