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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
7470 MIAMI LAKES DR
APT #B102
MIAMI LAKES FL 33014
US

Mailing Address
15476 NW 77TH CT
SUITE 500
MIAMI LAKES FL 33016-5823
US

3. Date Incorporated or Qualified: **02/15/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 701 BLUE RIDGE WAY
Suite, Apt. #, etc.
22
City & State
23 DAVIE FLORIDA
Zip
24 33325
Country
25 USA

2a. Mailing Address
26 701 BLUE RIDGE WAY
Suite, Apt. #, etc.
27
City & State
28 DAVIE FLORIDA
Zip
29 33325
Country
30 USA

4. FEI Number: **65-0594730** ☐ 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
DANIEL, ANAND
7470 MIAMI LAKES DR #B102
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
81 Name DANIEL, ANAND
82 Street Address (P.O. Box Number is Not Acceptable) 701 BLUE RIDGE WAY
83
84 City DAVIE FL 85 Zip Code 33325

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: MAURICE ANDERSON, DIRECTOR, [signature] REGISTERED AGENT: [signature] 3-17-97
(NOTE: Registered Agent signature required when reinstating) ANAND DANIEL DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FITZWORME-AMIN, ANNA MARIA	1.2 NAME	
STREET ADDRESS	10865 SW 156TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, MAURICE L	2.2 NAME	
STREET ADDRESS	8467 NW 43RD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL, ANAND	3.2 NAME	
STREET ADDRESS	7470 MIAMI LAKES DR #B102	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] ANNA MARIA FITZWORME-ANN 3/17/97 954-236-6546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #