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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012971 (4)

1. Corporation Name

CRICKET ACADEMY, U.S.A. INC.

Principal Place of Business

701 BLUE RIDGE WAY  
APT #B102  
DAVIE FL 33325  
US

Mailing Address

701 BLUE RIDGE WAY  
SUITE 500  
DAVIE FL 33325  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1995

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

2. Principal Place of Business

21 701 Blue Ridge Way

Suite, Apt. #, etc

22

City & State

23 DAVIE FL

Zip

24 33325

Country

25 USA

2a. Mailing Address

26 701 Blue Ridge Way

Suite, Apt. #, etc

27

City & State

28 DAVIE FL

Zip

29 33325

Country

30 US

9. Name and Address of Current Registered Agent

DANIEL ANAND  
701 BLUE RIDGE WAY  
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

TITLE D  
NAME ANDERSON, MAURICE L  
STREET ADDRESS 8487 NW 43RD CT  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D  
NAME DANIEL, ANAND  
STREET ADDRESS 7470 MIAMI LAKES DR #B102  
CITY-ST-ZIP MIAMI LAKES FL

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

☐ Change ☒ Addition

1.1 TITLE DIRECTOR  
1.2 NAME DENNY, RAYMOND  
1.3 STREET ADDRESS 811 EAST PALM RUN DR  
1.4 CITY-ST-ZIP NORTH LAUDERDALE FL 33068

2.1 TITLE DIRECTOR  
2.2 NAME EDUN, BRIAN  
2.3 STREET ADDRESS 1741 S W 85TH AVE  
2.4 CITY-ST-ZIP MIRAMAR FL 33025

3.1 TITLE DIRECTOR  
3.2 NAME SAMUEL, PATRICK  
3.3 STREET ADDRESS 17325 NW 27 AVENUE SUITE 107  
3.4 CITY-ST-ZIP MIAMI FL 33056

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:

ANNA MARIA FITZWORME-AMIN

4/24/98

954-236-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

029659

CR2E034 (1097)