FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000026974 (2)**

1. Corporation Name

FLANKS SOCCER CORPORATION

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER. SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131	ONE BISCAYNE TOWER. SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131

3. Date Incorporated or Qualified: 04/05/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 4201 Indian Creek Drive	26 4201 Indian Creek Drive
Suite, Apt. #, etc. 22 # 7	Suite, Apt. #, etc. 27 # 7
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33140 / Country 25 USA	Zip 29 33140 / Country 30 USA

4. FEI Number: 65-0570487 ☐ 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

MACDANIEL, JOHN M
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 607.1504, 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 _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	11 TITLE	President ☐ Change ☐ Addition
NAME	MACDANIEL, JOHN M	12 NAME	Alecssandre da Silva
STREET ADDRESS	TWO SOUTH BISCAYNE BLVD. SUITE 2975	13 STREET ADDRESS	4201 Indian Creek Drive # 7
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	Miami, Florida - 33140
TITLE	☐ DELETE	21 TITLE	Vice President ☐ Change ☐ Addition
NAME		22 NAME	Pinheiro, Lucia Helena Fidalgo
STREET ADDRESS		23 STREET ADDRESS	4201 Indian Creek Drive # 7
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, Florida 33140
TITLE	☐ DELETE	31 TITLE	Treasurer ☐ Change ☐ Addition
NAME		32 NAME	Paulo Edson de Souza
STREET ADDRESS		33 STREET ADDRESS	4201 Indian Creek Dr. # 7
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, Florida 33140
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added above or on an attachment with an address.

SIGNATURE: x _____ x 3/15/96 x 305-673 5281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)