FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CASELY TENNIS ACADEMY, INC. Principal Place of Business Mailing Address 10280 SW 139TH COURT MIAMI FL 30188 2a. Mailing Address 2b. Mailing Address 2a. Mailing Address 2b. Mailing Address 3c. Date decorporated or Qualifice SS/25/1985 4. FEL Number SS/25/1985 4. FEL Number SS/25/1985 5. Date decorporated or Qualifice SS. Date decorporated decorporate	DOCUN	MENT # P950	0000)42269 (7)						
10280 SW 1391H COURT	1. Corporation Name										
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City & State 23 29 29 29 20 29 20 29 20 20 30 30 30 30 30 30 30 30 30 3				Suite, Api. #, etc.				5. Certificate of Status Desired	×	·	
29				City & State				6. Election Campaign Financing			
25	23 28										
CASELY, CARLOS 10280 SW 139TH COURT MIAMI FL 33186 11. Pursuant to the provisions of Sections 607.0002 and 807.1508, Fixerida Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Fixeds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a minimum with, and accept the obligations of, Section 67.000.5, Fixeds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 67.000.5, Fixeds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office of familiar with, and accept the obligations of, Section 67.000.5, Fixeds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office of familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with a corporation state of provided retriet of registered agent. I am familiar with	Zip 24	+ ' +			<u>├</u>			Florida Statutes Yes No			
CASELY, CARLOS 10280 SW 139TH COURT MIAMI FL 33186 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am remier with, and accept too obligations of, Section 607,0505, Florids Statutes. SIGNATURE SUBJECT Uptor for printing many of registeria agent and the flag hable. D	• · · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	rrent Regi	istered Agent		01	[None	10. Name and Address of New F	Registered	l Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered approximation and accept the obligations of, Section 607.0508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered approximation and accept the obligations of, Section 607.0508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered approximation and accept the appointment are appointment as registered appril. I am families with, and accept the obligations of, Section 607.0508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered appril. I am families with, and accept the appointment as registered appril. I am families with, and accept the obligations of, Section 607.0508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered appril. I am families with, and accept the appointment as appoi	0.000.00										
MIAMI FL 33186	10280 SW 139TH COURT					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
### Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florade Statutes, the above-named corporation submits this statement for the purpose of changing its 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 a familiar with, and accept the objective of Section 607.65.05, Florade Statutes. ### SIGNATURE SIGNATURE					ļ	83					
or registered agent, or both, in the State of Rivida. 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 12.					-	84	City	TARREST SECTION 1 SECURITY 1 SECURITY SECTION		85 Zi	ip Code
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12.	or registere	od agent, or both, in the State of	Florida, Suc	ich change was authori	ized by the c	orp	oration's boa	ird of directors, I hereby accept the app	ointment a	is registered	d agent. I am
12.	SIGNATURE			•							
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ted 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 tor at the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name if the corporation an attachment with an address. oath; that I am an officer or director of appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED THATE OF SIGNING OFFICER OR DIRECTOR

DIRECTOR 4/30/96 (305) 387-2963