FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000075975 (9)**

1. Corporation Name
BRUSA INTERNATIONAL SOCCER INSTITUTE, INC.

Principal Place of Business	Mailing Address
314 NORTH SPRING STREET. UNIT 2-B PENSACOLA FL 32501	314 NORTH SPRING STREET. UNIT 2-B PENSACOLA FL 32501-4828

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 6600 PENSACOLA BLVD	26 6600 PENSACOLA BLVD
Suite, Apt. #, etc. 22 SUITE 5	Suite, Apt. #, etc. 27 SUITE 5
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip / Country 24 32505 / 25 U.S.	Zip / Country 29 32505 / 30 U.S.

4. FEI Number: 59-3338124 ☐ 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

GONCALVES, JOSE T
314 NORTH SPRING ST., UNIT 2-B
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6600 PENSACOLA BLVD
83 SUITE 5
84 City: PENSACOLA FL 85 Zip Code: 32505

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONCALVES, JOSE TADEAU 314 NORTH SPRING STREET, UNIT 2-B PENSACOLA FL 32501 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 6600 PENSACOLA BLVD, STE 5 PENSACOLA, FL 32505
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELIMA, MIGUEL 314 NORTH SPRING STREET, UNIT 2-B PENSACOLA FL 32501 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 6600 PENSACOLA BLVD, STE 5 PENSACOLA, FL 32505
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELIMA, LAINA 314 NORTH SPRING STREET, UNIT 2-B PENSACOLA FL 32501 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition S/T CHARLES A. EMLING III 605 CHESAPEAKE DRIVE GULF BREEZE, FL 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D SIDNEY GROSSMAN JR 5 N. MARKET ST. ST LOUIS, MO 63102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: JOSE T. GONCALVES 4.29.97 (914)484-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484156