


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

**6600 PENSACOLA BLVD
STE 5
PENSACOLA FL 32505
US**

Mailing Address

**6600 PENSACOLA BLVD
STE 5
PENSACOLA FL 32505
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1995

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

2. Principal Place of Business

21 **804 SOUTH PALM FOX**

Suite, Apt. #, etc.

22 **PENSACOLA, FL**

City & State

23 **32501**

Zip

Country

24

2a. Mailing Address

26 **P.O. Box 12307**

Suite, Apt. #, etc.

27 **PENSACOLA, FLORIDA**

City & State

28 **32581-2307**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GONCALVES, JOSE T
6600 PENSACOLA BLVD STE 5
PENSACOLA FL 32505**

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

Charles A. Emling
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GONCALVES, JOSE TADEAU**
STREET ADDRESS **314 NORTH SPRING STREET, UNIT 2-B**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE
NAME **DELIMA, MIGUEL**
STREET ADDRESS **6600 PENSACOLA BLVD STE 5**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ DELETE
NAME **DELIMA, LAINA**
STREET ADDRESS **314 NORTH SPRING STREET, UNIT 2-B**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **ST** ☐ DELETE
NAME **EMLING, CHARLES A III**
STREET ADDRESS **605 CHESAPEAKE DR**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **D** ☐ DELETE
NAME **GROSSMAN, SIDNEY JR**
STREET ADDRESS **5 NORTH MARKET ST**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Charles A. Emling

4-6-98

85-432-222

CR2E034 (10/97)