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FILED
May 07 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 # P96000071568 (5)

1. Corporation Name

SPORTS SEATS CORPORATION



Principal Place of Business

Mailing Address

815 NW 57 AVE, SUITE 200
MIAMI FL 33173

815 NW 57 AVE, SUITE 200
MIAMI FL 33126-2041

3. Date Incorporated or Qualified
08/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7231 S.W. 63 Avenue

26 7231 S.W. 63 Avenue

4. FEI Number

Applied For

65-0742928

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33143

25 U.S.A.

29 33143

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGERT, ALBERT D
815 NW 57 AVE, SUITE 200
MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7231 S.W. 63 Avenue

83 Suite 200

84 City
Miami

FL

85 Zip Code
33143

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
officer 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

(NOTE: Registered Agent signature required when reinstating)

4/30/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D MOREIRA, DOMINGO R
STREET ADDRESS 601 ARVIDA PARKWAY
CITY-ST-ZIP CORAL GABLES FL 33143

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D PASALODOS, OMAR
STREET ADDRESS 8950 N KENDALL DR #403
CITY-ST-ZIP MIAMI FL 33176

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D VALVERDE, FERNANDO
STREET ADDRESS 160 LEUCADENDRA
CITY-ST-ZIP CORAL GABLES FL 33156

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)