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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000071568 (5)

SPORTS SEATS CORPORATION										
Principal Place of Business Mailing Address									- T TOUTION THE HUITO DIVIN ENTIN BOTTH BOTTH BOTTH FORMS FORMS STING STING HUIT HORY	
7231 SW 63RD AVE 7231 SW 63RD AVE										
SUITE 200 SUITE 200 SUITE 200 MAMI FL 33143 MIAMI FL 33										DO NOT WRITE IN THIS SPACE
US					US					3. Date Incorporated or Qualified
										08/28/1996
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
21					26					65-0742928 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired Security Securi
City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23					28					Trust Fund Contribution Added to Fees
Zip							7	Country		8. This corporation owes or has paid the current year Intangible
25 9, Name and Address of Current				29 Pog				- 		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
	GERT, ALE			noy	listered Waltr		81	Т	Name	10. Haille and Address of New Hegistered Agent
							82	L		
7231 SW 63RD AVE SUIT E 2 00								1	Street Addres	ss (P.O. Box Number is Not Acceptable)
	AMI FL 331	43					83	3		
							84	╀	City	■ 85 Zip Code
 Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, the above-named corpora office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. 									oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE						_				
Signature, typed or prietre name of registered agent and tile of applicable (NOTE Reg								eni	i signature required	
12.	5		OFFICERS AND	LIIH	DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME	_	2Δ 1	OOMINGO R		beccie		1.2 NAME			C Change C Addition
F .	STREET ADDRESS 601 ARVIDA PARKWAY								DDRESS	
\	CITY-ST-ZIP CORAL GABLES FL 33143				The state of the s			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	Ō				☐ DELETE			-		Change Addition
NAME	PASALO	DDO	S, OMAR			,	2.2 NAME			
STREET ACORESS	ss 8950 N KENDALL DR #403				2.3			2.3 STREET ADDRESS		:
CITY-ST-ZIP	MAMI F	FL 3	3176				2. 4 CITY-	st	r-ZIP	
TITLE	D				DELETE 31			3 1 TITLE		Change Addition
NAME			FERNANDO				3.2 NAME			
STREET ADDRESS					3.3			3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33156							3.4 CITY-ST-ZIP		
TITLE	1							41 TITLE		Change Addition
NAME OFFICE APPROXICE							4 2 NAME			
STREET ADDRESS							4 3 STREE			
CITY-ST-ZIP TITLE								4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME								5.2 NAME		Average Dispersion
STREET ADDRESS							5.3 STREE		ADDRESS	İ
CITY-ST-ZIP							5.4 CITY-		1	
TITLE					DELETE		6.1 HTL€			☐ Change ☐ Addition
NAME							6.2 NAME			
OTDEET ANNOESS						1	6 2 0 1000	1 41	nnacec	

14. I hereby certify that the information supplied with this films 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 innual 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 regular or under the corporation or the regular or under the corporation of the regular of the regular of the corporation of the regular of the regul

CIONIATURE.