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

CORPORATION ANNUAL REPORT

1997

1 am an officer or director of the corporation appears in Block 12 or Block 13 if changes

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073766 (3)

SOUTH FLORIDA HOCKEY INC. Principal Place of Business Mailing Address -8830-\$W_123_COURT-8830 SW 123 COURT MIAMI FL-93196 MIAMI FL 33186-4150 3. Date Incorporated or Qualified Sa. Date of Last Report 09/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2029 UNIVERSITY DR 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRIGUEZ, DANIEL 81 Name 8830 SW 123 COURT **B2** Street Address (P.O. Box Number is Not Acceptable) I-108 83 **MIAMI FL 33186** 84 City 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, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE Change ■ Addition mu 1.1 TITLE RODRIGUEZ, DANIEL 1.2 NAME 8830 SW 123 COURT, #I-108 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 Dity-St ZiP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY+\$1-7IP 2.4 CITY-ST-ZIP DELETE Change Addition THUE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-\$1-7/P ☐ DELETE Addition HILE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CHY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition THEF 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 of symbole mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bock 12 or Block 13 if changed or or an attachment with an address.