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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086217 (2)

SPORTS FAN U.S.A. INC.

SPORTIFAN U.J.A. INC.

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APPROVED

97 FEB 12 AM 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8445 NE 2ND AVENUE MAAMI FL 33138			8445 NE 2ND AVENUE MIAMI FL 33138-3812									
								3. Date Incorporated or Qualified 10/18/1996	3a. Da	te of Last	Report	
· ·	ace of Business	2a. Mailing Address					4. FEI Number		<del>/ \                                   </del>	pplied For		
Suite, Apt.	# oto	Suite, Apt. #, etc.							+	lot Applicable		
22	#, B(C.	27					5. Certificate of Status Desired			Additional tequired		
City & State	9	City & State					Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip	Cour 25	Zip Cou			try B. This o		8. This corporation has liability for i	liability for intangible tax under s. 199.032,				
24	g, Name and Address of Current			<u> </u>				10. Name and Address of New Registered Agent				
WAD		1005 Of Collect	riogistorot	Agont		81	Name	IO. Mario dila Madresa di Netti He	g. 5. 6. 6. 6. 7	Agoni		
	ID, ANTONIO E 5 NE 2ND AVENUE						t Address (P.O. Box Number is Not Acceptable)					
_	AI FL 33138			Ĺ	82	Street Add	aress (P.O. Box Number is Not Accepted					
•						83						
<b>.</b>					-	84	City		FL	85 Zip	Code	
office or re	to the provisions of Se egistered agent, or bo m familiar with, and ac	oth, in the State c	if Florida. S	uch change was	s authorized	bγ	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of of the appr	changing pintment a	its registered s registered	
SIGNATURE	Signature typed or printed na	me of registered agent	and tile if appl	icabie. (NO	OTE: Rugislered	Agei	nt sionalure requ	uired when reinstating)	DATE			
12.		OFFICERS AND			13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D			DELETE	1.1 TITI	LE				Change		
NAME	WARD, ANTONIO	E			1.2 NAI	ME						
STREET ADDRESS	8445 NE 2ND AV	ENUE		135			ADDRESS				-	
CITY-ST-ZIP	MIAM# FL 33138				1.4 CIT							
TITLE	D	· · · · · · · · · · · · · · · · · · ·		DELETE	2.1 TITI	_				Change	Addition	
NAME	MCQUEEN, JAME	S D			2.2 NA	ME	·					
STREET ADDRESS	9830 DUNHILL DI					ADDRESS						
CITY-ST-ZIP	MIAMI FL 33025				2 4 01						i	
TITLE				DELETE	3.1 TITI					Change	Addition	
NAME					3.2 NAI	ME		9000020 -02/13/ ****16	180	169	I——6	
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CITY ST-ZIP		,			4 4 CIT							
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STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 CIT						İ	

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 charged, or on an attachment with an address. ANTONIO E. WARD