SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004790 (6)

MIAMI BREAKERS SOCCER CLUB, INC.

Principal Place of Business Malling Address					(1281-128 i ein imrit mart marti matt marti marti beite beite bibis ibilif imrti anet 1264)	
2555 COLLINS	AVENUE	2555 COLLINS AVENUE	2555 COLLINS AVENUE			
#PH 107	C: 00440	#PH 107			DO NOT WOLF IN THE ODAOF	
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33140	MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Delegioni I	Diagn of Business	2a, Mailing Address			01/16/1997	
2. Principal Place of Business		-			4. FEI Number (7735768 Applied	
Suite Act # ste		Suite Apt # etc			05-07500 Not Applicat	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require	
22 City & Sta	No.	City & State			<u> </u>	
- -	ne -	├ ──┐			6. Election Campaign Financing \$5.00 May	
Zip	Country		Count	····	Trust Fund Contribution	
一 . ・	25	<u></u>		У	8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No	
24		29	30			
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	
	RNERO, CARLOS M		"	Name		
28 W. FLAGLER			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 600			Ļ			
MIAMI FL FL331-30			8	3		
			8	4 City	■ 85 Zip Code	
]	1	FL BS Zip Code	
agent. I SIGNATURE					tion's board of directors. I hereby accept the appointment as register	
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		N 12
TITLE	D	DELETE	1.1 TITLE	T -	Change	Addition
NAME	DOINO, PAOLO		1.2 NAME	:		
STREET ADDRESS	ACCE COLLEGE AUGUST DU	107	1.3 STRE	T ADDRESS	•	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-			
TITLE	PST	DELETE	2.1 TITLE		Change	Addition
NAME	DOINO, PAOLO	□ octete	2.2 NAME	1	Cliange []	radiadi
STREET ADDRESS	4400 AGLILLA 4100415 DIA	107		T ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	•••	2.4 CITY-			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE	21°EIF	Change	Addition
NAME	1		3.2 NAME		Clange [noullon
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		3.4 CITY-	SI-ZIP	Change	Adam.
-		☐ DELETE			Change	Addition
NAME			4.2 NAME			
STREET ADDRESS	{			T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE	- 1	Change	Addition

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 of the

-1 NAULAIN SALIE AND 4-13- 88 200-530-501

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

___ DELETE

CRZEU34 (3/98)

FILED

Jul 22 1998 8:00am

- I LADILADA LIA 1811 IDDIA ROMA BENIN BRIN BRIN BOLL BULLA LIAN LADIR HALI BULL BULL BULL

Secretary of State