PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030812

INTERNATIONAL AMERICAN BASEBALL ACADEMY, CORP.

DO NOT WRITE IN THIS SPACE	Principal Place	e of Business	Mailing Address				ļ				
3. Date Incorporated or Qualified QH/QH/IPSP Applied For Applied For Applied For Not Applicable Ete Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required	5920 SW 113TH PLACE MIAMI FL 33173										
Page of Business 2a. Mailing Address 4. FEIN number Applied For Not Applicable										IIS SPACE	
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Country 28	City & State	e	City & State				6. Ele	ection Campaign Final	ncing 🗂		
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NZALEZ, JORGE D SW 113TH PLACE MI FL 33173 B4 City FL 85 Zip Code 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 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstativity) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD D DELETE 1.1 TITLE Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Change Change Change Change Addition Change Change Change Change Change Change Addition Change Change Change Change Change Chan	24	25	29	30							iNo
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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 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

305-595-6012

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90141 025 ***150.00