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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCO61/18

Corporation FLORIDA	Name F97000 SOCCER LEAGUE GROUP						
Principal Place	e of Business	Mailing Address			I (\$30)900 to 1910; 100() 90() 90() 90()) BI(8) 1:BI(BIEB) 1	JJ 84 7811 1881
14623 KENDALE LAKES BLVD MIAMI FL 33183		14623 KENDALE LAKES BLVD Miami Fl 33183		. DO NOT WEITE IN THE	e edace		
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	3 SPACE	
					07/15/1997		l
a Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
2. Fillicipai Fi	acc of Business	26			65-0769643	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	\dditional	
22	.,	27		5. Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		_	Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Cou			<i>'</i>	 This corporation owes the current year li 		_
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	l Agent	
144516	IOTEN HOWARD A SOC		81	Name	,		
WEINSTEIN, HOWARD S ESQ				Street Add	ress (P.O. Box Number is Not Acceptable)		_
11900 BISCAYNE BLVD., SUITE #740							_
NUH	TH MIAMI FL 33181		83				
			84	City		. 85 Zip C	Code
				1	FI		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Age	nt signature requir	red when reinstating) DATE		}
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	OCHOA, CARLOS MARIO		1.2 NAME				
STREET ADDRESS	14623 KENDALE LAKES BLVD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY- S	IT-ZIP			
TITLE			2.1 TITLE			Change	Addition
NAME	I 74		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	. 41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		2.4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	△ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-\$T-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ OELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				į
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curve and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. 14. I hereby certify that the information supplied with this filling does not qualify indicated on this annual report or supplemental annual report is type and a officer or director of the corporation or the receiver or this process. Block 12 or Block 13 if changed or on an attachment with an andress, with

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR