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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -8 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000069293 (3)

1. Corporation Name

SOCCER UNLIMITED, INC.

Principal Place of Business

Mailing Address

8201 NW 66 ST., STE. 4
MIAMI FL 33168

8201 NW 66 ST., STE. 4
MIAMI FL 33168

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

65--0816503

Applied For

Not Applicable

2. Principal Place of Business

21 8201 N.W 66TH STREET

2a. Mailing Address

26 8201 N.W 66TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3-4

27 3-4

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33166

25

29 33166

30

9. Name and Address of Current Registered Agent

MONTEVERDE, SASKIA
8201 NW 66 ST., STE. 4
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

MONTEVERDE, SASKIA

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MIAMI

FL

85 Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONTEVERDE, SASKIA
STREET ADDRESS 8201 NW 66 ST., STE. 4
CITY-ST-ZIP MIAMI FL 33168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MONTEVERDE, SASKIA
1.3 STREET ADDRESS 7317 NW 36 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE V.P D
2.2 NAME ESTHER COBENAS
2.3 STREET ADDRESS 8201 N.W 66TH STREET SUITE SUITE 4
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33166

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Saskia Monteverde

1-14-98

305-477-1994

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