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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000088334 (2)

PREMIOS DEPORTIVOS LATINOS, INC.

FILED May 21 1998 8:00am Secretary of State

District Dis						
Principal Place of Business Mailing Address				\		
15401 N.E. 6TH AVENUE APT. B-325 15401 N.E. 6TH AVENUE APT MIAMI FL 33162 MIAMI FL 33162						
		· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/13/1997	
'	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 863	5 N. W. 8 Street	26 8635 N. W	. 8 S	treet	t Not Applicat	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 220		27 220			Fee Required	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be	
23	mi, Florida	 	rida		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24 3312			30 US	<u> </u>	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current I	Registered Agent		т-;,	10. Name and Address of New Registered Agent	
	RIA, MARIO D		81	Name	MARIO DE JESUS MARIA	
	401 N.E. 6TH AVENUE APT. B-325	ં	82	Street Ac	Address (P.O. Box Number is Not Acceptable)	
MLA	AMI FL 33162			863	35 N. W. 8 Street,	
			83	. 2	ite 220	
			84	City M	Miami FL 85 Zip Code 33126	
11 Durement	to the provisions of Sactions 607 05(12)	and 607 1508 Florida Statute	es the above	e-named co	corporation submits this statement for the purpose of changing its registere	
office of r	egistered agent, or both, in the State of	i Florida, Such change was a	uthorized by	y the corpo	poretion's board of directors. I hereby accept the appointment as registered	
a gent. I a	m familiar with, and accept the obligate		rida Statutes	S.	11- 1/00/08	
SIGNATURE Signature, typied or professionance of registered asyrint orid title if applicable (NOTE: Reciptored Agont signature required when reinstating) DATE On the professional professional professionance of registered asyrint orid title if applicable (NOTE: Reciptored Agont signature required when reinstating)						
12.	OFFICERS AND I		13.	Jrit argenauce	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		P Change Additi	
NAME	MARIA, MARIO D	-	1.2 NAME	١,	_	
STREET ADDRESS	15401 N.E. 6TH AVENUE APT.	R-925	1.3 STREET	(ADDRESS (MARIO DE JESUS MARIA	
CHY-ST-ZIP	MIAMI FL 33162	0 020	1.4 City-S	(8635 N.W. 8 Street, Suite 220,	
TITLE	MICHAEL E COLOR	DELETE	2.1 TITLE	,1-2IF	Miami, Fl 33126 Change Addition	
NAME	1	<u></u>	2.2 NAME	}		
	1		2.3 STREFT	***************************************		
STREET ADDRESS	I					
CITY-ST-ZIP TITLE		DELETE	2. 4 City - 5 3.1 Title	SI-ZIP	Change Addition	
NAME		La occur	3.2 NAME		Unango La	
1	I					
STREET ADDRESS	I		3.3 STREET			
CITY-ST-ZIP		DELETE	3.4. CITY - 5	ST-ZIP	Change Addition	
TITLE	I	Em) OLLLIC	4.1 TITLE		La change La recom	
NAME			4. 2 NAME			
STREET ADDRESS	I		4.3 STREET	1		
CITY-ST-ZIP		DELETE	4.4 CITY - S	3T - ZIP	Change T Additi	
TITLE		☐ DELETE	51 TITLE		Change Additi	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 City - S	T-ZIP		
TITLE	I	☐ DEL e te	6.1 TITLE	1	Change Addition	
NAME			6.2 NAME	ł	000002532840 V -05/22/3801018037 V	
STREET ADDRESS			6.3 STREET	ADDRESS	-02/55/3801018031	

14. Thereby 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.