


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).

Pg 1052

FILED

99 DEC 13 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000005071	

1. Corporation Name DI MARE BASEBALL SCHOOL

Principal Place of Business 5325 S.W. 102 Ave. Miami, FL 33165	Mailing Address
--	-----------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5325 S.W. 102 Ave.		2a. Mailing Address 26 5325 S.W. 102 Ave.		4. FEI Number 65-0946381		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Miami, Fla 33165		28 City & State Miami, Fla		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33165		29 Zip 33165		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country USA		30 Country USA					

9. Name and Address of Current Registered Agent BORIS DI MARE 5325 S.W. 102 Ave. Miami, FLA 33165		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORIS DI MARE		1.2 NAME	
STREET ADDRESS 5325 S.W. 102 Ave.		1.3 STREET ADDRESS	400003078544-4
CITY, ST, ZIP Miami, FLA 33165		1.4 CITY-ST-ZIP	-12/22/99--01090--009
TITLE Vice - President	<input type="checkbox"/> DELETE	2.1 TITLE	****158.75 ****158.75
NAME MARIO DE CARDENA		2.2 NAME	
STREET ADDRESS 11649 SW 82 ST		2.3 STREET ADDRESS	
CITY, ST, ZIP 33143 Miami		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	KE
CITY, ST, ZIP		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 included 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____

CR2E034 (5/98)

- pls Do Not Detach -

Pg 2

October 29, 1999

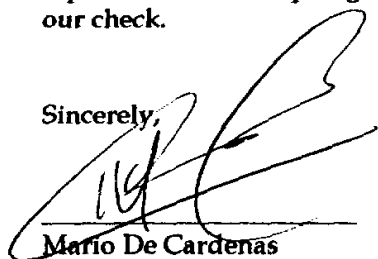
Secretary of State
Division Corporation Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P98000105071

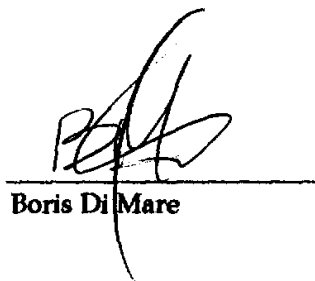
To Whom It May Concern:

We Mario De Cardenas and Boris Di Mare state that due to a change of address we received the documents late. Therefore we were unable to submit our annual report on time. We apologize for this matter. Along with this letter you will find our check.

Sincerely,



Mario De Cardenas



Boris Di Mare