

**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).**

*Ag 10/82*

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 Mailing Address  
**5325 S.W 102 Ave.  
 Miami, FL 33165**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address  
 21 **5325 S.W 102 Ave.** 26 **5325 S.W 102 Ave.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 **Miami, Fla 33165** 28 **Miami, Fla**  
 Zip Country Zip Country  
 24 **33165** 25 **USA** 29 **33165** 30 **USA**

4. FEI Number **65-0946381** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **FL** 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

TITLE	President	<input type="checkbox"/> DELETE
NAME	BORIS DI MARE	
STREET ADDRESS	5325 S.W 102 Ave.	
CITY, ST, ZIP	Miami, Fla 33165	
TITLE	Vice - President	<input type="checkbox"/> DELETE
NAME	MARIO DE CARDENA	
STREET ADDRESS	11649 SW 82 ST	
CITY, ST, ZIP	33193 Miami	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>400003078544-4</b>
14 CITY-ST-ZIP	<b>-12/22/99--01090--009</b>
21 TITLE	<b>***158.75</b> <input type="checkbox"/> <b>***158.75</b>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>KE</b>
64 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

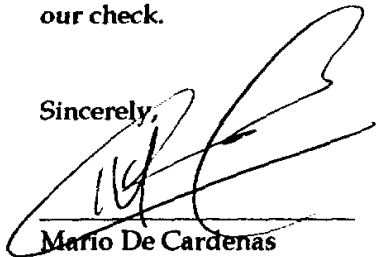
Secretary of State  
Division Corporation Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #P98000105071

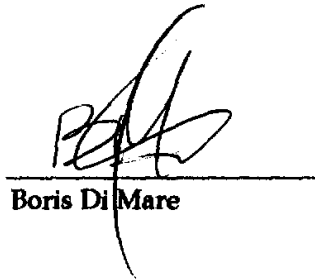
To Whom It May Concern:

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