

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07420 (5)
1. Corporation Name
TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.



Principal Place of Business: **POST OFFICE BOX 65-1751, P.O. BOX 65-1502, MIAMI FL 33165 US**
Mailing Address: **POST OFFICE BOX 65-1751, P.O. BOX 65-1502, MIAMI FL 33165 US**

3. Date Incorporated or Qualified: **02/01/1985**
3a. Date of Last Report: **06/28/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2500682**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**NAVARRO, MAGDA
11350 S.W. 30 ST.
MIAMI FL 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | NAVARRO, MAGDA | |
| STREET ADDRESS | 11350 S.W. 30 ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PICON, OTMARA | |
| STREET ADDRESS | 13210 SW 48 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SANCHEZ, CINDY | |
| STREET ADDRESS | 12770 NW 9TH STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BUENO, RAMON | |
| STREET ADDRESS | 10235 S.W. 26 TERR. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | ESTRADA, RAUL | |
| STREET ADDRESS | 12222 S.W. 26 ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Magda Navarro **2/12/96** **552-1153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)