

**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

**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: **8201 NW 66 ST., STE. 4 MIAMI FL 33168**  
Mailing Address: **8201 NW 66 ST., STE. 4 MIAMI FL 33168**

3. Date Incorporated or Qualified  
**08/08/1997**

2. Principal Place of Business  
21 **8201 N.W 66TH STREET**  
22 **3-4**  
23 **MIAMI, FLORIDA**  
24 **33166**

2a. Mailing Address  
26 **8201 N.W 66TH STREET**  
27 **3-4**  
28 **MIAMI, FLORIDA**  
29 **33166**

4. FEI Number **65--0816503**  
Applied For:  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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTEVERDE, SASKIA</b>	
STREET ADDRESS	<b>8201 NW 66 ST., STE. 4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD MONTEVERDE, SASKIA</b>
1.3 STREET ADDRESS	<b>7317 NW 36 STREET</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V.P D ESTHER COBENAS</b>
2.3 STREET ADDRESS	<b>8201 N.W 66TH STREET SUITE SUITE 4</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>TS 5/12</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>000002522460--1</b>
4.4 CITY-ST-ZIP	<b>-05/13/98--01110--020</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>***150.00 ***150.00</b>
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 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 \_\_\_\_\_ DATE **1-14-98** **305-477-1994**

CR2E034 (10/97)