

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M14129 (4)
 1. Corporation Name
VICTOR'S BICYCLE & SUPPLIES, INC.



Principal Place of Business C/O VICTOR M. ABREU 3434 N.W. 27TH AVENUE MIAMI FL 33142	Mailing Address C/O VICTOR M. ABREU 3434 N.W. 27TH AVENUE MIAMI FL 33142-5207
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3. Date Incorporated or Qualified 04/16/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 50-2524911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ABREU, ROBERT 3434 N.W. 27TH AVENUE MIAMI FL 33142	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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ABREU, VICTOR M.	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 490 W. 35 PL	CITY - ST - ZIP HIALEAH FL	1.2 NAME ROBERTO ABREU	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 9950 STERLING ST. APT. 103	
		1.4 CITY - ST - ZIP PENNSACOLA, FL. 33024	
TITLE D	NAME ABREU, OFELIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 490 W. 35 PL.	CITY - ST - ZIP HIALEAH FL	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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: *Victor M. Abreu* **4-10-97** **8226622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)