Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90081 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # M14129**

1. Corporation					
VICTOR'	'S BICYCLE & SUPPLIES, II	VC.			
	V 132				
Principal Plac	e of Business	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O VICTOR M. ABREU					
3434 N.W. 27TH AVENUE 3434 N.W. 27TH AVENUE MIAMI FL 33142 MIAMI FL 33142				DO NOT WRITE IN TH	IIS SPACE
MIAMI FL 3314	2	MIAMI FL 33142		3. Date Incorporated or Qualifed	
				04/16/1985	
2. Principal P	lace of Business	2a. Mailing Address	.	4. FEI Number	Applied For
21		26		59-2524911	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
	The state of the s	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	· · ·	6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30		Personal Property Tax.	¥Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
			81 Nam	OFELIA ABREU	ŧ
ADREO, ROBERT			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
	N.W. 27TH AVENUE			490 W 35 PL.	·
MIAI	MI FL 33142		83		
			84 City		85 Zip Code
				HIALEUM F	L 33012
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-name	od corporation submits this statement for the purpose reporation's board of directors. I hereby accept the ap	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was auth tions of Section 607 0505, Florida	orized by the co a Statutes.	rporation's board of directors. I hereby accept the ap	pointment as registered
		Oser OF	ELIA L	BAEU 3-22-	-99
SIGNATURE	Signature, typed or printed name of registered eger	nt and title if applicable. (NOTE: Re	gistered Agent signatur	re required when reinstating) . DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☑ DELETÉ	1.1 TITLE		. Change Addition
NAME	OBREU, ROBERTO	,	1.2 NAME		j
STREET ADDRESS	9950 SHERIDAN ST, 103		1.3 STREET ADDRES	ss	
CITY-ST-ZIP	PENBROKE PINE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PRESIDENT.	Change Addition
NAME	ABREU, OFELIA		2.2 NAME	Abrev oferia	1
STREET ADDRESS	100 111 00 Bi		2.3 STREET ADDRES	ss	
CITY-ST-ZIP	HIALEAU FL		2. 4 CITY-ST-ZIP		/
TITLE	SECRETARY-TO	ecis u New DELETE	3.1 TITLE	Secretary-Tacquarent Victor M. Abres ; 440 W 35 PL.	Change Addition
NAME	VICTOR ABRE		3.2 NAME	VICTOR M. 46RED J	TK,
STREET ADDRESS	495, W 35	ōŁ."	3.3 STREET ADDRES	s 490 W 35 PL.	j
CITY-ST-ZIP	Higlean M.		3.4. CITY-ST-ZiP	Healeum F1. 2301	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	[4.3 STREET ADDRES	ss	
CITY-ST-ZIP			4.4 CITY- ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
	1		_	1	
NAME	1		5.2 NAME		
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRES	58	
STREET ADDRESS CITY-ST-ZIP				ss	

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, and attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP