

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90201 010 ****61.25

0034714

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002470

1. Corporation Name
BIG WHEELERS BICYCLE CLUB, INC.

433979 - 90201 - 10



Principal Place of Business 13727 S.W. 152 STREET SUITE 288 MIAMI FL 33177 US	Mailing Address 13727 S.W. 152 STREET SUITE 288 MIAMI FL 33177 US
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

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	3. Date Incorporated or Qualified 05/13/1994	4. FEI Number NOT APPLICABLE Applied For 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
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

SCOTT, GAIL
 13727 SW 152 STREET

 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1865 WAKEENA DRIVE	83	84 City COCONUT GROVE	85 State FL	86 Zip Code 33133
---------	-----------------------------------------------------------------------------	----	--------------------------	----------------	----------------------

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: *[Signature]* DATE: 3/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	SCOTT, GAIL 502-B MADEIRA AVE CORAL GABLES FL	1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1865 WAKEENA DRIVE COCONUT GROVE FL 33133
TITLE DV	BERGER, ROBIN 6417 SW 138TH PLACE MIAMI FL	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE DS	RUPERT, BARBARA 13135 S.W. 107 TER. MIAMI FL	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE DT	SHELTON, ROY 12975 S.W. 187 ST. MIAMI FL	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE DELETED		5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE DELETED		6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/10/99 DAYTIME PHONE #: 305-285-1220

CR2E037 (1/98)