

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

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90007 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046068

1. Corporation Name
CYCLE EXPORT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7120 S.W. 48TH LANE MIAMI FL 33155	Mailing Address 7120 S.W. 48TH LANE MIAMI FL 33155
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3. Date Incorporated or Qualified 05/30/1996	
4. FEI Number 65-0667800	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9423 SW 146 AV.	2a. Mailing Address 26 9423 SW 146 AV.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLA.	City & State 28 MIAMI, FLA.
Zip Country 24 33186 25 U.S.A	Zip Country 29 33186 30 U.S.A

9. Name and Address of Current Registered Agent SARRAFIORE, CARLOS A 7120 S.W. 48TH LANE MIAMI FL 33155	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRAFIORE, CARLOS A	1.2 NAME	SARRAFIORE, CARLOS A.
STREET ADDRESS	7120 S.W. 48TH LANE	1.3 STREET ADDRESS	9423 SW 146 AV.
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FLA. 33186
TITLE	SD	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRAFIORE, WALTER M	2.2 NAME	SARRAFIORE, WALTER M.
STREET ADDRESS	7120 S.W. 48TH LANE	2.3 STREET ADDRESS	9423 SW 146 AV.
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FLA. 33186
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Carlton A. Sarrafio 3/30/99 (305) 448-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)