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PROFIT **CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

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May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093304 (9)

SERGIO'S SKATE ZONE, INC.

Principal Place of Business Mailing Address 180 CRNDON BLVD. 180 CRNDON BLVD. SUITE 116 SUITE 116 KEY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 11/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FF1 Number Applied For 65-0709695 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Ζıρ Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIBERIO, SERGIO J 180 CRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) #116 **KEY BISCAYNE FL 33149** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition SIBERIO, SERGIO J NAME 1.2 NAME 180 CRANDON BLVD. #116 STREET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 HTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 32 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NALAF 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CiTY+ST-ZIP

14. Thereby certify that the information supplied with this filipo 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 strustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attact front with an address. -9/ (305) 34-6610