

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000027327

1. Corporation Name

BIKELAND CORPORATION

Principal Place of Business

12717 BISCAYNE BOULEVARD
NORTH MIAMI FL 33181

Mailing Address

12717 BISCAYNE BOULEVARD
NORTH MIAMI FL 33181

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90033 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

65-0654642

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARAVALHAS, HELENA M
12717 BISCAYNE BOULEVARD
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name MARAVALHAS, HELENA M

82 Street Address (P.O. Box Number is Not Acceptable)
12405 BISCAYNE BLVD.

83

84 City NORTH MIAMI FL 85 Zip Code 33181

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]

4/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE D ☐ DELETE

NAME MARAVALHAS, HELENA M
STREET ADDRESS 12717 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE D ☐ DELETE

NAME MARTINS, ANNA
STREET ADDRESS 12717 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MARAVALHAS, HELENA M.
1.3 STREET ADDRESS 12405 BISCAYNE BLVD.
1.4 CITY-ST-ZIP NORTH MIAMI, FL 33181

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MARTINS, ANNA
2.3 STREET ADDRESS 12405 BISCAYNE BLVD.
2.4 CITY-ST-ZIP NORTH MIAMI, FL 33181

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99

CR2F034-141/981