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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457254

Block 12 or Block 13 it changed, or off an attachment with an address.

whi garen

2120 N.W. 19 Avenue

El Sport Corporation

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90240 007 \*\*\*150.00



Miami, Florida 33142 Same DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Sept 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1551200 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Felipe Garcia Street Address (P.O. Box Number is Not Acceptable) 1130 S.W. 13th Avenue 83 Miami, Florida 33135 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change Addition TITLE 1.1 TITLE Felipe Garcia 1.2 NAME CR2E034 1130 S.W. 13th Avenue 1.3 STREET ADDRESS STREET ADORESS Miami, Florida 33135 CUY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 THILE Change NAME 22 NAME STATE ADDRESS 2.3 STREET ADDRESS S1-ZIP 2. 4 C/TY - ST - Z/P DELETE ☐ Addition 3.1 TITLE 32 NAME .... 77 Annergo 3.3 STREET ADDRESS \$1-76 3.4 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition 11.5 4. 2 NAME SPICET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP DELETE 5 1 TITLE Addition 5.2 NAME Anthrees 53 STREET ADDRESS \$1-7)P 5 4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE .15 6.2 NAME TY ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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