

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAY 25 PM 12: 21****DOCUMENT # F42805****(4)****1. Corporation Name
SPORTEX, INC.****Principal Place of Business****7370 NW 36 ST #127
MIAMI FL 33166****Mailing Address****7370 NW 36 ST.
#125
MIAMI FL 33166
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified**08/31/1981****3a. Date of Last Report****05/01/1994****2. Principal Place of Business****21 7370 NW 36 ST., #125****2a. Mailing Address****26 Suite, Apt. #, etc.****22 #125****27 Suite, Apt. #, etc.****23 City & State****MIAMI, FL.****28 City & State****24 Zip****33166****25 Country****USA****29 Zip****30 Country****4. FEI Number****59-2121036****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Election Campaign Financing****\$5.00 May Be****Trust Fund Contribution**☐**Added to Fees****8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**☒**Yes**☐**No****9. Name and Address of Current Registered Agent****ESTOMBA, JORGE E.
4785 NW 103 CT.
MIAMI FL 33178****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**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
ESTOMBA, JORGE E
4785 NW 103 CT.
MIAMI FL**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1 TITLE**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition**TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****2.1 TITLE****2.2 NAME****2.3 STREET ADDRESS****2.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****3.1 TITLE****3.2 NAME****3.3 STREET ADDRESS****3.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****4.1 TITLE****4.2 NAME****4.3 STREET ADDRESS****4.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****5.1 TITLE****5.2 NAME****5.3 STREET ADDRESS****5.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****6.1 TITLE****6.2 NAME****6.3 STREET ADDRESS****6.4 CITY - ST - ZIP**☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****5/19/95 (305) 592-3022**

Date

(Signature/Phone #)