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

PROFIT CORPORATION ANNUAL REPORT

1997

LACERS SPORT, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33892

3892 (

(2)

FILED Feb 25 1997 8:00am Secretary of State



Principal Place	e of Busness	Maiting Address			•••••••••••••••••••••••••••••••••••••••	# 1891111 0000 11100 11101 4010 (0410 1101 01011 01814 81611 01011 01811 01811			
7575 NW 82ND ST. MIAMI FL 33166		7575 NW 82ND ST. MIAMI FL 33168-7412							
						3. Date Incorporated or Qualified 04/19/1983		e of Last F 3/1996	Report
2. Principal P	face of Business	2a, Mailing Address 26				4. FEI Number 59-2295019	·• · · · · · · · · · · · · · · · · · ·	i	oplied For of Applicable
Suite, Apt	#, etc	Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75	Additional equired
City & State	0	Cily & Stale	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country	28 Z(p)	Cour	ntry		Trust Fund Contribution	<u> </u>		to Fees
24	25	······ •	30	,		8. This corporation has liability for in Florida Statutes		ax under s] No	199.032,
	9. Name and Address of Curre					10. Name and Address of New Rep			
PET	ASNE, CLAUDIO	1997-99 - 1991-955, -515-2-111-996-8		81	Name				
103	1 SW 156TH AVENUE		<u> </u>	82	Street Aridre	ess (P.O. Box Number is Not Acceptab	le)	***************************************	
PEN	IBROKE PINES FL 33027		L						
			l'	83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-	named corpo	pration submits this statement for the p	urnose of	hanoing i	ts registered
Office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Horida. Such change was a	iuthorized	i by i	the corporation	on's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE	, , , , , , , , , , , , , , , , , , ,	,							
	Signatine, lysest or printed name of regis (esot as			Agent	t signature require	d when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS DELETE	13,			ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·		
TITLE	PETASNE, LEON S	□ DETE	11 [1]				L	Change	■ Addition
NAME STRUCT ACCRESS	2041 NE 211 STREET		1.2 NAI		NDORESS				
CITY ST ZIP	N MIAMI BCH FL		1.4 CIT		·				
TILLE	ST	☐ DELETE	2 1 TITI		- 214	***************************************		Change	Addition
NAME	PETASNE, CLAUDIO A.		2 2 NA				•		
STREET ADDRESS	1031 SW 156TH AVENUE		2.3 STR	REET A	ODRESS .	•			
C/TY - ST - Z/P	PEMBROKE PINES FL		2. 4 Ci7	2. 4 CITY-ST-ZIP					
THLE	DELETE		3.1 TiT	3.1 TITLE		•	I	Change	Addition
NAME			3.2 NAI	ME					
STREET ACORESS			33 STR	REET A	DDRESS				
(JTY-S7-7P		T DELETE	3.4. CIT		- ZIP	tellermeter			
TITLE		☐ DELETE	4.1 1/11				1	Change	☐ Addition
NAME Experiences			4. 2 NA		F. F				
STREET ADDS: 55 City of two					DDRESS				
C-TY+ST+ZIP TITLE		DELETE	4.4 Cit	~~~~~	- 415			Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					.DDRESS				
CHY-SI-ZIP			5.4 CHT						
TITEF		☐ DELETE	6.1 ItTL	***************************************				Change	Addition
NAV:			6.2 NAM	ME					
STREET ADDRESS.			6.3 STA	REET A	DDRESS				
City-St-7iP			6 A CIT		- 1				

14. I do 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 indicanct on this annual copid or expiremental 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 of 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-4

505 /30 Daytime Phone #