SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82641** **(7)**

1. Corporation Name
BENOTTO BICYCLE DISTRIBUTOR, INC.

Principal Place of Business	Mailing Address
C/O ISMAEL VALDES ~~2237 CORAL WAY~~ ~~MIAMI FL 33145~~ US	C/O ISMAEL VALDES ~~2237 CORAL WAY~~ ~~MIAMI FL 33145~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business — 21: 6600 S.W. 80th Street
2a. Mailing Address — 26: 6600 S.W. 80th STREET
4. FEI Number: 65-0116992 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: MIAMI FL
City & State — 28: MIAMI, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: 33143 Country — 25: DADE
Zip — 29: 33143 Country — 30: DADE
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~VALDES, ISMAEL~~
~~2237 CORAL WAY~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

61 Name: VALDES, ISMAEL
62 Street Address (P.O. Box Number is Not Acceptable): 6600 S.W. 80th STREET
63:
64 City: MIAMI FL 65 Zip Code: 33143

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: Ismael Valdes — DATE: 7-20-95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PDT	11 TITLE	PDT	☒ Change ☐ Addition
NAME	ISMAEL, VALDES	12 NAME	VALDES, ISMAEL	
STREET ADDRESS	9260 SW 66 STR	13 STREET ADDRESS	6600 S.W. 80th STREET	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL. 33143	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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 above, or on an attachment with an address.

SIGNATURE: Ismael Valdes — DATE: 7/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048004 CP