


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>BENOTTO BICYCLE DISTRIBUTOR, INC. 15821041</i>			
Principal Place of Business <i>6600 S.W. 80th STREET MIAMI, FL 33143</i>		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent <i>VALDES, ISMAEL 6600 S.W. 80th STREET MIAMI, FL 33143</i>		10. Name and Address of New Registered Agent	
81		Name	
82		Street Address (P.O. Box Number is Not Acceptable)	
83			
84		City	
85		Zip Code	
FL			
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, in 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 <i>Ismael Valdes</i> DATE <i>4-22-96</i>			
NOTE: Registered Agent signature required when reinstating			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11	TITLE
NAME	VALDES, ISMAEL	12	NAME
STREET ADDRESS	6600 S.W. 80th STREET	13	STREET ADDRESS
CITY - ST - ZIP	MIAMI, FL 33143	14	CITY - ST - ZIP
TITLE		21	TITLE
NAME		22	NAME
STREET ADDRESS		23	STREET ADDRESS
CITY - ST - ZIP		24	CITY - ST - ZIP
TITLE		31	TITLE
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY - ST - ZIP		34	CITY - ST - ZIP
TITLE		41	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY - ST - ZIP		44	CITY - ST - ZIP
TITLE		51	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY - ST - ZIP		54	CITY - ST - ZIP
TITLE		61	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY - ST - ZIP		64	CITY - ST - ZIP
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)(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, changed, or on an attachment with an address. SIGNATURE <i>Ismael Valdes PRES</i> DATE <i>4-22-96</i> DAYTIME PHONE # <i>305-666-7702</i>			