**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L14919 (9) INTERCONTINENTAL SPORTS, INC. Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY DO NOT WRITE IN THIS SPACE MIAMI FL 33145 MIAMI FL 33145 US 3. Date Incorporated or Qualified 09/12/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2989160 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No ZID Country 29 Personal Property Tax due June 30, 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAPORTA, RICARDO 3191 CORAL WAY #115-A 82 Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33145** 83 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, TITLE DELETE 1 1 TITLE Change Addition LAPORTA, RICARDO NAME 1.2 NAME 3191 CORAL WAY #115-A STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 Title NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELLTE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP Addition DELFIE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

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STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied windicated on this annual report or supplementations.

officer or director of the corporation or the Block 12 or Block 13 if changed, or or an

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uality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and occurete and that my signature shall have the same legal effect as if made under eath; that I am an an

(205) 343-7406