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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

Mailing Address

BIG WHEEL CYCLE SOUTH, INC.

FILED Jan 21 1998 8:00am Secretary of State



(10/97)

CR2E034

10834 SW 104TH ST 10834 SW 104TH ST MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0195889 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zin Country Zin 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHIN, MICHAEL 14550 SW 110 TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. DELETE Change Addition TITLE 1.1 TITLE CHIN, MICHAEL NAME 1.2 NAME 14550 SW 110 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE NAME CHIN, LILY 2.2 NAME 14550 SW 110 TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33186 2, 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CHIN, MICHAEL NAME 3.2 NAME 14550 SW 110 TERR 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY - ST - ZIP 3.4. CITY-ST-ZIP Change DELETE Addition 4.1 YITLE TITLE CHIN, LILY 4. 2 NAME NAME 14550 SW 110 TERR 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5,4 CITY-ST-ZIP DELETE Addition TITT F 6.1 TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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 officer or director of the contoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my Block 12 or Block 13 if changed, or on an attachment with an address.

MATURE REQUIRED