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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90178 020 ***150.00

DOCUMENT 3	# M03551
4 Corneration Name	1410000

ACHILES JOCK SHOP INC

AGUILLO	3 JOOK SHOT, INC.							
Principal Plac	e of Business	Mailing Address				- I 10040014 114 BALLOU 14101 01101 01101 111	3 RIB31 BIB11 BIB11 BIB1	i ardii alaii ikal
8372 MILLS DR MIAMI FL 3318		8372 MILLS DRIVE MIAMI FL 33183	·		ـ ــــــــــــــــــــــــــــــــــــ	DO NOT WRITE IN	THIS SPACE	*~ ÷ .
						3. Date Incorporated or Qualifed 08/03/1984		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2439883	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional
22		27				3. Germania of Gladas Boomes	Fee I	Required
City & Stat	te '***	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country 25	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre	29 29 Agent	30			10. Name and Address of New Regis		
	g, Italia and Addiosa of Gart	ant trogistore a rigarii		81	Name			
YAN	IG, AQUILES				01 1 4 11	(D.O. Bendhurber in Net Assessable)		
	2 MILLS DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
MIAI	MI FL 33183			83			•	
	•			84	City		85 Zip	Code
					City		FL :	1
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change was	authorized	1 bv t	the corporation	pration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing i appointment as	s registered egistered
SIGNATURE	Signature, typed or printed name of registered as	cont and title if applicable (NO	TF: Devietered	Anont	signature required to	when reinstating)	ATE	
12.		AND DIRECTORS	13.	Agon	aignature (aquitou)	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	☐ DELETE	1.1 TII	TLE			☐ Change	
NAME	YANG, AQUILES		1.2 NA	AME				
STREET ADDRESS			1.3 ST	TREET.	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CI	T/ 67	-ZIP			
TITLE	SD			117-51				
NAME	YANG, LINDA	☐ DELETE	2.1 TI				Change	e Addition
STREET ADDRESS		☐ DELETE	2.1 TI 2.2 NV	TLE			☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	2.2 N/	TLE AME	ADDRESS		☐ Change	Addition
TITLE	8372 MILLS DRIVE MIAMI FL		2.2 N/ 2.3 ST 2.4 C	TLE AME TREET				
IIILL	l .	☐ DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI	TLE AME TREET SITY-ST TLE			☐ Change	
NAME	l .		2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TLE AME TREET STY-ST TLE AME	r-ZIP			
NAME STREET ADDRESS	l .		2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST	TLE AME TREET TLE AME TREET	r-zip Address			
NAME STREET ADDRESS CITY-ST-ZIP	l .	☐ DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET, TLE AME TREET, TREET,	r-zip Address		Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	l .		2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT	TLE AME TREET TLE AME TREET TREET TLE TREET	r-zip Address			e Addition
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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 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: