

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12398 (6)**  
1. Corporation Name  
**KENDALE BMX, INC.**

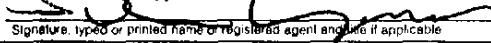


Principal Place of Business <b>20733 S.W. 119 PL MIAMI FL 33177</b>	Mailing Address <b>20733 S.W. 119 PL MIAMI FL 33177-5311</b>
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2. Principal Place of Business <b>21 13050 SW 216 ST.</b>		2a. Mailing Address <b>26 14814 SW 152 TER</b>		3. Date Incorporated or Qualified <b>12/05/1985</b>	3a. Date of Last Report <b>02/11/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>MIAMI FL</b>		27 City & State <b>MIAMI FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33170</b>		28 Zip <b>33187</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country <b>USA</b>		30 Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent <b>MOLIN, PAMELA 20733 S.W. 119 PL MIAMI FL 33177</b>		10. Name and Address of New Registered Agent	
		81 Name <b>JULIE GONZALEZ</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>14814 SW 152 TER</b>	
		83	
		84 City <b>MIAMI FL</b>	85 Zip Code <b>33187</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOLIN, JOSEPH</b>		1.2 NAME <b>JOSEPH GONZALEZ</b>	
STREET ADDRESS <b>20733 S.W. 119 PL</b>		1.3 STREET ADDRESS <b>14814 SW 152 TER</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33187</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIGENHO, MARTY</b>		2.2 NAME <b>HOWARD FARSON</b>	
STREET ADDRESS <b>9040 SW 188 TERR</b>		2.3 STREET ADDRESS <b>3801 SW 124 CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33175</b>	
TITLE <b>TDS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOLIN, PAMELA</b>		3.2 NAME <b>STEVE DOAN</b>	
STREET ADDRESS <b>20733 S.W. 119 PL</b>		3.3 STREET ADDRESS <b>1730 SW 216 TER.</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIAMI FL 33190</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIGENHO, MICHELLE</b>		4.2 NAME <b>JULIE GONZALEZ</b>	
STREET ADDRESS <b>9040 SW 188 TERR</b>		4.3 STREET ADDRESS <b>14814 SW 152 TER</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>		4.4 CITY-ST-ZIP <b>MIAMI FL 33187</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (9/96)