

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005171 (1)

1. Corporation Name

JUST RIDE ON FOUNDATION, INC.



Principal Place of Business 381 WEST 32 STREET HIALEAH FL 33012	Mailing Address 381 WEST 32 STREET HIALEAH FL 33012
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2. Principal Place of Business 21 5411 WEST 6TH LN Suite, Apt. #, etc. 22	2a. Mailing Address 26 5411 WEST 6TH LN Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL.	City & State 28 HIALEAH, FL.
Zip 24 33012	Country 25 DADE
Zip 29 33012	Country 30 DADE

3. Date Incorporated or Qualified 10/09/1996
4. FEI Number 65-0701210
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DE ACOSTA, EMILIO 3845 EAST 4TH AVE HIALEAH FL 33013	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
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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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	381 WEST 32 STREET	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	HIALEAH FL 33012	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	381 WEST 32 STREET	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	HIALEAH FL 33012	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	381 WEST 32 STREET	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	HIALEAH FL 33012	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	381 WEST 32 STREET	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	HIALEAH FL 33012	6.3 STREET ADDRESS	6.4 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 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: *Emilio Acosta* 2-6-98 (305) 820-9996

CR2E037 (10/97)