
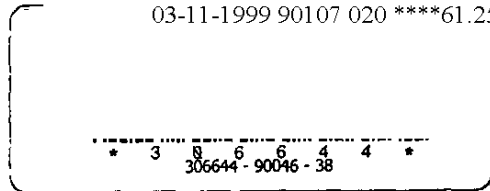


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90107 020 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
			
<b>DOCUMENT # N98000006800</b> 1. Corporation Name <b>HOMESTEAD BMX, INC.</b>			
Principal Place of Business 14755 COOLIDGE LN HOMESTEAD FL 33033		Mailing Address 14755 COOLIDGE LN HOMESTEAD FL 33033	



21. 350 S.E. 6th Ave.	2a. P.O. Box 900067	3. 11/25/1998
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Homestead Fla.	28. Homestead Fla.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. 33030	25. DADE	29. 33090
30. DADE	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRAVES, BILLY 14755 COOLIDGE LN HOMESTEAD FL 33033		10. Name and Address of New Registered Agent 81. Name Denise Martinez 82. Street Address (P.O. Box Number is Not Acceptable) 1120 S.E. 13-THRU 83. 84. City Homestead FL 85. Zip Code 33035	
---	--	---	--

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 Denise Martinez DATE 3/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GRAVES, BILLY	1.1 TITLE P.D.T.	1.2 NAME Martinez, Denise
STREET ADDRESS 14755 COOLIDGE LN	CITY-ST-ZIP HOMESTEAD FL 33033	1.3 STREET ADDRESS 1120 SE 13TH	1.4 CITY-ST-ZIP Homestead, Fla. 33035
TITLE VD	NAME MARTINEZ, DENISE	2.1 TITLE Jerry VD	2.2 NAME LaPlant, Jerry
STREET ADDRESS 14755 COOLIDGE LN	CITY-ST-ZIP HOMESTEAD FL 33033	2.3 STREET ADDRESS 5140 S.W. 113 AVE	2.4 CITY-ST-ZIP Miami Fla. 33165
TITLE TSD	NAME GRAVES, LYNDA	3.1 TITLE SD	3.2 NAME LaPlant, Louieda
STREET ADDRESS 14755 COOLIDGE LN	CITY-ST-ZIP HOMESTEAD FL 33033	3.3 STREET ADDRESS 5140 S.W. 113 AVE	3.4 CITY-ST-ZIP Miami Fla 33165
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)(f), 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 817, 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: Denise Martinez (Denise Martinez) DATE 3/2/99 DAYTIME PHONE # 305-245-1670

CR2E037 (11/98)