

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000043409 (0)

1. Corporation Name

B & C SPORTS, INC.



Principal Place of Business

Mailing Address

~~9340 SW 56 STREET~~  
~~MIAMI FL 33165~~

9340 SW 56 STREET  
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 8488 SW 24 ST.

26 8488 SW 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI FL

Zip

Country

24 33155

25 DADE

29 33155

30 DADE

9. Name and Address of Current Registered Agent

FRANCISCO CARDENAS,  
~~9340 S.W. 56 STREET~~  
~~MIAMI FL 33165~~

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

04/10/1995

4. FEI Number

65-0418437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8488 S.W. 24 ST.

83

84 City

MIAMI

FL

85 Zip Code

33155

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 the date of filing

(If the Registered Agent's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DS  
NANCY CARDENAS,  
STREET ADDRESS 9610 S.W. 45 TERRACE  
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME DP  
CARDENAS, FRANCISCO  
STREET ADDRESS 9610 SOUTHWEST 45TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X

*Francisco Cardenas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)