FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1400.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000048892 (2)**

1. Corporation Name
SKATE 2000 (U.S.A.) INC.

Principal Place of Business	Mailing Address
1200 OCEAN DR SUITE 102 MIAMI BCH. FL 33139 US	1200 OCEAN DR SUITE 102 MIAMI BCH. FL 33139 US

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 420 LINCOLN RD
Suite, Apt. #, etc. 22: 403
City & State 23: MIAMI BEACH FL
Zip 24: 33139 County 25: USA

2a. Mailing Address
26: 420 LINCOLN RD
Suite, Apt. #, etc. 27: 385
City & State 28: MIAMI BEACH FL
Zip 29: 33139 County 30: USA

4. FEI Number: 65-0425364 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POZNER, MICHAEL
1200 OCEAN DR.
SUITE 102
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 420 LINCOLN RD # 403
03
04 City: MIAMI BEACH FL 05 Zip Code: 33139

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: Michael Pozner, MICHAEL POZNER 2/13/95
(Printed typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☒ Change ☐ Addition
NAME	POZNER, MICHAEL A	12 NAME	
STREET ADDRESS	835 LENOX AVE., APT. 205	13 STREET ADDRESS	800 WEST AV #721
CITY ST ZIP	MIAMI BCH. FL	14 CITY ST ZIP	MIAMI BEACH FL 33139
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	REICHMANN, DAVID M	22 NAME	
STREET ADDRESS	294 HILLHURST BLVD	23 STREET ADDRESS	
CITY ST ZIP	TORONTO ONTARIO CANADA	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/11

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)(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.

SIGNATURE: Michael Pozner, MICHAEL POZNER 2/13/95 305 538 8244
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0140772 CP