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 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075863 (9)

1. Corporation Name
SKATE 2000 EXPRESS INC.

500001485125
-05/12/95--01004--006
***1400.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 OCEAN DR SUITE 102 MIAMI BEACH FL 33139	1200 OCEAN DR SUITE 102 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 11/02/1993
3a. Date of Last Report: 01/21/1994

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

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

4. FEI Number: APPLIED FOR 65-0459872 — 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

9. Name and Address of Current Registered Agent

POZNER, MICHAEL
1200 OCEAN DR
SUITE 102
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: POZNER, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 420 LINCOLN RD #403
83: MIAMI BEACH
84 City: FL 85 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
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 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 AVE APT 721
CITY ST ZIP	MIAMI BEACH 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	

JR 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 SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140740 CP