

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # P93000075863 (9)

1. Corporation Name
SKATE 2000 EXPRESS INC.



Principal Place of Business
**420 LINCOLN RD
403
MIAMI BEACH FL 33139**

Mailing Address
**420 LINCOLN RD
385
MIAMI BEACH FL 33139-3014**

3. Date Incorporated or Qualified
11/02/1993

3a. Date of Last Report
05/01/1996

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 65-0459872	Applied For Not Applicable
22.	27.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23.	28.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24.	25.	29.	30.
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**POZNER, MICHAEL
420 LINCOLN RD
#403
MIAMI BEACH FL 33139**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POZNER, MICHAEL A	1.2 NAME	CRAIG D. HENDRICKS
STREET ADDRESS	800 WEST AVE APT 721	1.3 STREET ADDRESS	345 PALM STREET
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	REICHMANN, DAVID M	2.2 NAME	
STREET ADDRESS	294 HILLHURST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Per: CRAIG D. HENDRICKS** **4/30/97** **(305) 538 8244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)