FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082139 (5)

I-4 SPORTS, INC.

6550 INTERNATIONAL DR
SUITE 104
ORLANDO FL 32819
US

169 E. FLAGLER ST
SUITE 1521
MIAMI FL 33131
US

3. 12/01/1993 | 3a. 05/01/1994

4. FI Number: 65-0457650 | Applied For | Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. X Yes

21 | 26

22 | 27 261 N.E. 1st St. 4th fl.

23 | 28 Miami, FL.

24 | 25 | 29 33132 | 30 Dade

9. Name and Address of Current Registered Agent

SHOAFF, NISSIM BEN
223 E. FLAGLER ST.
SUITE 102
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Nissim Ben-Shaff
82 Street Address (P.O. Box Number is Not Acceptable): 261 NE 1ST STREET
83 4th Floor
84 City: Miami | FL | 85 Zip Code: 33132

11. Pursuant to the provisions of Section 607.0505, 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. The place where the registered office is located and the business address of the registered agent, as changed, will be identical.

Signature: X N.B.

12. OFFICERS AND DIRECTORS

D
OIKNINE, CLAUDE
6550 INTERNATIONAL DRIVE, SUITE 004
ORLANDO FL

D
SHOAFF, NISSIM BEN
1390 CLEVELAND RD.
MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I (we) hereby certify that the officers or directors listed with the filing, if applicable, have not been convicted of a felony in the preceding ten years, that the information indicated on the document or documents filed with this statement is true and correct, and that my signature shall have the same legal effect as if made under oath. I (we) also acknowledge that the operation of this business in violation of federal law is prohibited by Chapter 893, Florida Statutes, and that my signature shall have the same legal effect as if made under oath that I (we) have read the above statement and that the facts stated in it are true.

SIGNATURE: X N.B.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132762 CP