

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:34

DOCUMENT # P94000035080 (8)

1. Corporation Name

SPORASUB OF NORTH AMERICA, INC.

Principal Place of Business

660 S. FEDERAL HWY
3RD FLOOR
POMPANO BEACH FL 33062

Mailing Address

660 S. FEDERAL HWY
3RD FLOOR
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 4890 SW 75TH AVE

2a. Mailing Address

26 4890 SW 75TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

24 33155 25

29 33155 30

4. FEI Number

15-0495802

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

JLINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

ARMANDO HERNANDEZ, CPA

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

520 BILTMORE WAY

83

84 City

CONAL GARCIA

FL

85 Zip Code

33134

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 title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

MAY/95

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TRICK, WILLIAM W JR
STREET ADDRESS 660 S. FEDERAL HWY 3RD FLOOR
CITY ST ZIP POMPANO BEACH FL 33062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P
12 NAME MICHAEL TERSTCHENKO
13 STREET ADDRESS 4890 SW 95TH AVE
14 CITY ST ZIP MIAMI, FL 33155

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

REMITTED BY MAY 1

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 110.07(3)(b), 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, with no attachment with an address.

SIGNATURE:

Michael Terstchenko

(Signature and typed or printed name of signing officer or director)

4/20/95

267-6068

(Typed Name)