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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000035080 (8)**

1. Corporation Name

SPORASUB OF NORTH AMERICA, INC.

Principal Place of Business

**4890 SW 75TH AVE
MIAMI FL 33155
US**

Mailing Address

**4890 SW 75TH AVE
MIAMI FL 33155
US**



2. Principal Place of Business

2a. Mailing Address

21

26

520 Biltmore Way

Suite, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

Coral Gables, FL.

23

28

Zip

33134

Country

24

29

Country

9. Name and Address of Current Registered Agent

**HERNANDEZ, ARMANDO C
520 BILTMORE WAY
CORAL GABLES FL 33134**

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 607.0601, and 607.0603, Florida Statute, 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 607.0603, Florida Statute.

SIGNATURE

Signed and sworn to before me on this _____ day of _____, 1996.

Notary Public in and for the State of Florida

Commission Expires _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DP TERESTCHENKO, MICHAEL**
STREET ADDRESS **4890 SW 95TH AVE**
CITY-STATE-ZIP **MIAMI FL**

1. TITLE ☐ Change ☒ Addition
2. NAME **D/P Bertozzi, Carlo A.**
3. STREET ADDRESS **Shore Pointe, One Seleck Street**
4. CITY-STATE-ZIP **Norwalk, CT 06855**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☒ Addition
6. NAME **D/VP Depouli, Robert W.**
7. STREET ADDRESS **Shore Pointe, One Seleck Street**
8. CITY-STATE-ZIP **Norwalk, CT 06855**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption statement in Section 118.07(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 majority or business owner, agreed 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 in an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(305) 444-8800

CR2E034 (12/95)