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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:04

DOCUMENT # **P94000049717 (9)**

1. Corporation Name
INTENSE IN LINE SKATES, INC.

Principal Place of Business	Mailing Address
~~9761 N.W. 47TH DRIVE~~ ~~CORAL SPRINGS FL 33076~~	~~9761 N.W. 47TH DRIVE~~ ~~CORAL SPRINGS FL 33076~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 10260 W. Sample Road
2a. Mailing Address (26): 10260 W. Sample Road
4. FEI Number: 65-0057553 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): Coral Springs, FL
City & State (28): Coral Springs, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): 33065 Country (25):
Zip (29): 33065 Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Abelardo Lopez
82 Street Address (P.O. Box Number is Not Acceptable): 10260 W. Sample Road
83:
84 City: Coral Springs FL 85 Zip Code: 33065

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: ✓ _____ DATE: ✓ 4/6/95
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	~~LOPEZ, ALBELARDO~~	12 NAME	Lopez, Abelardo
STREET ADDRESS	~~9761 N.W. 47TH DR.~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33076~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~HERNANDEZ, TANAIRA~~	22 NAME	
STREET ADDRESS	~~9761 N.W. 47TH DR.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33076~~	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	

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: ✓ _____ Abelardo Lopez ✓ 4/6/95 (305) 340-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011818 CR