

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

FLORIDA
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
HALL OF JUDICATURE
TALLAHASSEE, FLORIDA 32399-0001
(904) 493-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:49

DOCUMENT # **P94000060393 (3)**

THUNDER WHEELS SKATING CENTER, INC.

Principal Office Address: 4135 W 6TH AVE HIALEAH FL 33012
Mailing Address: 4135 W 6TH AVE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 years)	3a. Date of Last Report
08/17/1994	
4. Filing Number	Applied For Not Applicable
65-0514612	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐ ☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. Does corporation file regularly for and register for under the 1993/94 Florida Statutes	☐ Yes ☐ No

2. Filing Fee (see 1995 Florida Statutes)	2a. Mailing Fee (see 1995 Florida Statutes)
21	26
State Agent Fee	State Agent Fee
22	27
City & County	City & County
23	28
City	City
24	29
State	State
25	30

9. Name and Address of Current Registered Agent

MARTIN, MEDARDO M
4135 W 6TH AVE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report as required by Chapter 193, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D MARTIN, MEDARDO M 4135 W 6TH AVE HIALEAH FL 33012	NAME	☐ Change ☐ Addition
NAME	D RODRIGUEZ, LUIS R 1042 W 50TH PL HIALEAH FL 33012	NAME	☐ Change ☐ Addition
NAME	D HABER, PEDRO R 6830 NW 41ST ST VIRGINIA GARDENS FL 33166	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report as required by Chapter 193, Florida Statutes.

SIGNATURE: MEDARDO MARTIN 4/25/95 (205) 824-5016
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER