

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000060393

1. Corporation Name

THUNDER WHEELS SKATING CENTER, INC.

Principal Place of Business

8348 NW 103RD ST  
HIALEAH FL 33016  
US

Mailing Address

4135 W 6TH AVE  
HIALEAH FL 33012

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90042 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

65-0514612

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8248 NW 103rd St

2a. Mailing Address

26 11401 W Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hialeah Gardens FL

27 Hialeah Gardens

City & State

City & State

23 33016 USA

28 FL 33074 USA

Zip Country

Zip Country

24 25 29 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

MEDARDO MARTIN

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

11401 W Flagler St

83

Miami FL

84

Miami

FL

85

Zip Code  
33074

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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]*

MEDARDO MARTIN Pres:

1/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARTIN, MEDARDO M  
STREET ADDRESS 4135 W 6TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE D  
NAME RODRIGUEZ, LUIS R  
STREET ADDRESS 1042 W 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE D  
NAME HABER, PEDRO R  
STREET ADDRESS 6630 NW 41ST ST  
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

☐ DELETE

TITLE VP  
NAME MARTIN, ANA I  
STREET ADDRESS 4135 W 6TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)