FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 APR -5 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001772219
-04/08/96--01041--004
****200.00 ****200.00

DOCUMENT # P95000068230

1. Corporation Name
MOUNTAIN BIKE PARK CORP.

Principal Place of Business: 4111-M4 CARRIAGE DR. POMPANO BEACH, FL. 33064
Mailing Address: SAME

3. Date Incorporated or Qualified: SEPT. 5, 1995
3a. Date of Last Report: —
4. FEI Number: 65-0637396
[ ] 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

2. Principal Place of Business
21 SAME AS ABOVE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME AS ABOVE
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**
JOSE A. SALAS
4111-M4 CARRIAGE DR.
POMPANO BEACH, FL. 33069

10. **Name and Address of New Registered Agent**
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 607.0502 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: ______

12. OFFICERS AND DIRECTORS

TITLE	P/T	[ ] DELETE
NAME	JOSE A. SALAS	
STREET ADDRESS	4111-M4 CARRIAGE DR.	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE	VP	[ ] DELETE
NAME	JORGE I. MEJIA	
STREET ADDRESS	4111-M4 CARRIAGE DR.	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	S	[ ] DELETE
NAME	ALBERTO O. MARTINENGO	
STREET ADDRESS	2036 WILDWOOD LN. N	
CITY-ST-ZIP	DEERFIELD BCH., FL 33442	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: ______ MARCH 18, 1996 (954) 428-3437 (954) 970-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)