

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000068230 (8)

1. Corporation Name

MOUNTAIN BIKE PARK CORP.

Principal Place of Business

Mailing Address

4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

65-0637396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALES, JOSE A Z  
4111 - M4 CARRIAGE DRIVE  
POMPANO BEACH FL 33069

My correct name is:

Jose Antonio Sales  
4111-M4 Carriage Dr  
Pompano Beach  
Florida 33069

Number is Not Acceptable)

FL

85

Zip Code

I am making this statement for the purpose of changing its registered  
directors. I hereby accept the appointment as registered

11. Pursuant to the provisions of Sections 607.0502,  
office or registered agent, or both, in the State of  
agent. I am familiar with, and accept the obligation

SIGNATURE

Signature, typed or printed name of registered agent

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME SALES, JOSE A  
STREET ADDRESS 4111-M4 CARRIAGE DR.  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE V  
NAME MEJIA, JORGE I  
STREET ADDRESS 4111-M4 CARRIAGE DR.  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE S  
NAME MARTINENGO, ALBERTO O  
STREET ADDRESS 2038 WILDWOOD LN N  
CITY-ST-ZIP DEERFIELD BCH FL 33442

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE

JOSE A. SALES

JOSE A. SALES

JOSE A. SALES

CR2E034 (10/97)