

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

DOCUMENT # P95000070449 (0)

1. Corporation Name

SUPERBIKE INTERNATIONAL INC.



Principal Place of Business

Mailing Address

220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141-3038

220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141-3038

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIARATO, UGO V CPA
220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141-3038

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

Signature of Registered Agent

Signature of Agent Submitting Statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / D	<input type="checkbox"/> DELETE
NAME	CALIARI, MARIO	
STREET ADDRESS	220 71ST - SUITE 213	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VICE-PRESIDENT / D	<input type="checkbox"/> DELETE
NAME	ANDREO, SILVANO	
STREET ADDRESS	220 71ST ST - SUITE 213	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TREASURER / D	<input type="checkbox"/> DELETE
NAME	HICCOLIS, FABIO	
STREET ADDRESS	220 71ST ST - SUITE 213	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SECRETARY / D	<input type="checkbox"/> DELETE
NAME	CHIARATO, UGO V.	
STREET ADDRESS	220 71ST STREET - SUITE 213	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-96

DATE DATE OF FILING

CR2E034 (12/95)