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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9600007381 (2)

BERTOT & LOPEZ SPORT OF CHAMPIONS, INC.

Principal Place of Business Mailing Address 10319 SW 24TH STREET 10319 SW 24TH STREET APT #103 **APT #103** DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 01/19/1996 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business 65-0640347 Not Applicable \$8.75 Additional Suite Apt. #. etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country 2mPersonal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 BERTOT, ALEX 10319 SW 24TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 APT #103 83 **MIAMI FL 33165** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.05.02 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, typed or pented name of registered agent and the if applicable (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE Change ☐ Addition 1 1 1HLF TITLE BERTOT, ALEX NAME 1.2 NAME 10319 SW 24TH STREET, #103 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 10 LE עם TITLE LOPEZ, JORGE 2.2 NAME NAME 435 E 29TH ST APT 209 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 11TLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 THLE TITLE 5.2 NAME NAME 5.3 STREFT ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Channe Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this hime 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 the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the controlled in the profession of the controlled in the profession of the p

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