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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90033 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000027327

1. Corporation Name  
BIKELAND CORPORATION

Principal Place of Business  
12717 BISCAYNE BOULEVARD  
NORTH MIAMI FL 33181

Mailing Address  
12717 BISCAYNE BOULEVARD  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/28/1996

4. FEI Number  
65-0654642

Applied For  
Not Applicable

2. Principal Place of Business  
21 12405 BISCAYNE BLVD.

2a. Mailing Address  
26 12405 BISCAYNE BLVD.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 Suite, Apt. #, etc.  
23 NORTH MIAMI, FL

27 Suite, Apt. #, etc.  
28 NORTH MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33181 25

29 33181 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARAVALHAS, HELENA M  
12717 BISCAYNE BOULEVARD  
NORTH MIAMI FL 33181

81 Name  
MARAVALHAS, HELENA M

82 Street Address (P.O. Box Number is Not Acceptable)  
12405 BISCAYNE BLVD.

83  
84 City NORTH MIAMI FL 85 Zip Code 33181

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]

4/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MARAVALHAS, HELENA M  
STREET ADDRESS 12717 BISCAYNE BOULEVARD  
CITY-ST-ZIP NORTH MIAMI FL 33181

1.1 TITLE  Change  Addition  
1.2 NAME MARAVALHAS, HELENA M.  
1.3 STREET ADDRESS 12405 BISCAYNE BLVD.  
1.4 CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE D  DELETE  
NAME MARTINS, ANNA  
STREET ADDRESS 12717 BISCAYNE BOULEVARD  
CITY-ST-ZIP NORTH MIAMI FL 33181

2.1 TITLE  Change  Addition  
2.2 NAME MARTINS, ANNA  
2.3 STREET ADDRESS 12405 BISCAYNE BLVD.  
2.4 CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date Daytime Phone #

CR2F034-141998