

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUN 20 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044884 (0)

1. Corporation Name

MEGABIKE NORTH AMERICA, INC.

Principal Place of Business

10914 N.W. 33RD STREET #100
MIAMI FL 33172

Mailing Address

10914 N.W. 33RD STREET #100
MIAMI FL 33172-5028

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 2560 No. Powerline Rd.

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Pompano Beach, FL

Zip

24 33069

Country

2a. Mailing Address

26 2560 Powerline Rd.

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Pompano Beach, FL

Zip

29 33069

Country

4. FEI Number

65-0679726

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

9. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESO
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZHU, LONG
STREET ADDRESS 10914 N.W. 33RD STREET #100
CITY-ST-ZIP MIAMI FL 33172

TITLE STD ☐ DELETE

NAME ZHU, MING H
STREET ADDRESS 10914 N.W. 33RD STREET #100
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME ZHU, YU
STREET ADDRESS 10914 N.W. 33RD STREET #100
CITY-ST-ZIP MIAMI FL 33172

TITLE VD ☐ DELETE

NAME BLOM, TORBJORN
STREET ADDRESS 10914 N.W. 33RD STREET #100
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME DIAZ, ROY
STREET ADDRESS 10914 N.W. 33RD STREET #100
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

Jeffrey S. Wachse

(054) 251-1010

CR2E034 (9/96)