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

FILED Apr 21 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000035596 (0) DOCUMENT # T-BONE PERFORMANCE, INC. Principal Place of Business Mailing Address 10906 SW 188TH ST 10906 SW 188TH ST MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/21/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0745499 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional A 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Apthony Onti 2
Street Address (P.O. Box Number is Not Acceptable) GORNAIL, JEFFREY J 10906 SW 188TH ST 82 **MIAMI FL 33157** 10906 SW 188 th St. MIAmi 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 Torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia- with an accept the objections of, Section 607.0505, Florida Statutes. SIGNATURE ! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF ICERS AND DIRECTORS DELETE Change Addition TITLE 11 TITLE GORNAIL, JEFFREY J 1.2 NAME CR2E034 NAJAE 10906 SW 188TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33157** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE BPYST Addition 2.1 71716 TITLE ORTIZ, ANTHONY 2.2 NAME NAME 10906 SW 188TH ST 23 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITL€ 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST- ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filling 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 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.

JEFFREY GORNAIL

6.3 STREET ADDRESS

× 259-6622

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:X