

FILED
May 14 1998 8:00am
Secretary of State



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

1. Corporation Name
RYDER SPORTS, INC.

**POST OFFICE BOX 290546
PORT ORANGE FL 32129-0546**

DO NOT WRITE IN THIS SPACE

05/30/1997

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip	Country
29	30

Applied For	
-------------	--

5. Certificate of Status Desired ☐

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstalling)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BISMUTH, MICHEL	
STREET ADDRESS	319 NORTH SEAGRAVE STREET	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEVY, YOSEF	
STREET ADDRESS	319 NORTH SEAGRAVE STREET	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JS
5.3 STREET ADDRESS	5.14
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002526945
6.3 STREET ADDRESS	-05/18/98--01041--027
6.4 CITY - ST - ZIP	***150.00

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.

SIGNATURE

4-27-98, 904-3047327

CR2E034 (10/97)