CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90221 048 ***150.00

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DOCUMENT # P9800002110 1. Corporation Name OUTDOOR ADVENTURES, INC.									_			
001000	AD ADAEMI	UNES, INC.						A SERVICE DE LOS PRINCIPALITA ARTICA REPUBLICA		I CH er lan e k e	LETT (1881	
Principal Place	of Business		Mailing	g Address				I (ABINEDI EM MIRI (BIDI ABIN MARI)	a r isi, a a sis arasa see	1 liffill eifei a	J811 18-81	
9506 SO. RED ROAD 9506 SO. RED ROAD												
MIAMI FL 33156	5		MIAM	FL 33156				DO NOT WRITE	IN THIS SPACE	<u>:</u>		
		•						3. Date Incorporated or Qualifed	· · · · · ·			
								01/09/1998	• •	Applied		
<u> </u>	ace of Business	k	<u> </u>	illing Address				4. FEL Number 08/09/	// H	Not App		
21 Suite Ant	#. etc		26)	ite, Apt. #, etc				761 001013	~ ~ \$8.	75 Additio		
22			27			-		5. Certificate of Status Desired		e Require		
City & State	8	<u></u>		y & State				6. Election Campaign Financing	· •	.00 мау		
23			28					Trust Fund Contribution	- Aq	ded to Fe	98	-
Zip		Country	~ }~ ~) <u></u>	_	intry:		-8. This corporation owes the curren	t year Intangible Yea	1	1	
24	9 Nome 25	Address of Curren	29 Pooletore	A Acent	30	_		Personal Property Tax. 10. Name and Address of New Reg				
}			r icaBipraia	IN ABOUT		81	Name					
	Terle, Doug				-	82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)			
9506 SO. RED ROAD						32	Sheet voor	553 (F.O. BOX Homber is 1401 Acceptable	~1 			
MIAN	AI FL 33156					83					1	
						84	City		85	Zip Code	$\overline{}$	
	. <u>.</u>						-		FL "	- %	toroid .	i
11. Pursuant	to the provisions	of Sections 507.050; or both, in the State	2 and 607.1 of Florida, S	508, Florida Statut Such change was a	les, the a authorized	bove I by t	-named corpo he corporatio	oration submits this statement for the pun's board of directors. I hereby accept to	rpose or changu he appointment	ig its register as register	red	į
agent. I a	m familiar with,	and accept the obligat	ions of, Se	ction 607.0505, Flo	rida Stat	utes.]	
SIGNATURE	Cloneture funed or re	Inted name of registered agen	and the if and	Irabia. (NOTE	Registered	Agent	signature required	when reinstating)	DATE		–]	₫
12.	Signal Distriction of p	OFFICERS AN			13,	•		ADDITIONS/CHANGES TO OFFIC			N 12	CR2E034 (11/98)
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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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/17/99 305-0

305- 644-5359