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FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90086 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000072881

1. Corporation Name
AMERICAN CYCLE OF HIALEAH, INC.

Principal Place of Business	Mailing Address
272 WEST 44TH STREET HIALEAH FL 33012	272 WEST 44TH STREET HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1800 W 68 ST	26 1800 W 68 ST
Suite, Apt. #, etc. 22 115	Suite, Apt. #, etc. 27 115
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL
Zip 24 33014 Country 25 DADE-MIAMI	Zip 29 33014 Country 30 MIAMI-DADE

3. Date Incorporated or Qualified 08/17/1998 — 4. FEI Number 65-0857868 — 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

9. 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
PEREZ, GISELA C 272 WEST 44TH STREET HIALEAH FL 33012	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 Gisela Perez — DATE 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, GISELA C		1.2 NAME		
STREET ADDRESS	272 WEST 44TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, GISELA C		2.2 NAME		
STREET ADDRESS	272 WEST 44TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Gisela Perez REQUIRED — 4-15-99 — 305-817-1888
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #