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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078566

MIAMI KAYAK & CANOE CO.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90028 038 ***150.00

Principal Flace of Business Mailing Address 4235 BRAGANZA ST. 4235 BRAGANZA ST. COCONUT GROVE FL 30133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/11/1998 FEI Number 65 - 0862222 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ΧNο Personal Property Tax. 30 24 25 29 Name and Address of New Registered Agent 9. Name and Ad Iress of Currer t Registered Agent 81 Name HAZDAY, SALOMON JR 82 Street Address (P.O. Box Number is Not Acceptable) 4235 BRAGANZA ST. COCONUT GROVE FL 33133 83 85 Zip Code 84 City 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. (NC TE: Registered Agent signature required when reinstatin-) Signature, typed or printed i ame of registered age it and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE HAZDAY, SALOMON JR 1.2 NAME NAME HAZDAY, SALOMON JR 4235 BRAGANZAST 4235 BRAGANZA ST. 1.3 STREET ADDRESS STREET ADDF ESS COCONUT GROVE FL 33/33 **COCONUT GROVE FL 33133** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE GONZALEZ, JOSE JR. 2.2 NAME GONZALEZ, JOSE JR NAME 2.3 STREET ADDRESS STREET ADDRESS 25 E. SUNRISE ORAL GABLES 2. 4 CITY-ST-ZIP CORAL GABLES FL 33133 CITY-ST-ZIP ☐ Addition DELETE 3 1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition Change 41TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE Change 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADD RESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Addition ☐ DELETE TITLE 6.2 NAME NAME

14. I her/by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.)7(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 office 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADD RESS

CITY-ST-ZIP

SNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFI SER OR DIRECTO

SALOMON HAZDAY JR.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/26/99

305 6040/7 Daytime Phone #