

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000085649

1. Corporation Name

THE CHAMPIONS' EXPERIENCE, INC.

Principal Place of Business

1401 BRICKELL AVENUE  
SUITE 1000  
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE  
SUITE 1000  
MIAMI FL 33131

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90008 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0882420

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

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

1401 BRICKELL AVENUE

Suite, Apt. #, etc.

22

27

SUITE 332

City & State

23

28

MIAMI

FL

Zip

24

25

Country

Zip

29

33131

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANFREDI, LUDOVICO  
1401 BRICKELL AVENUE  
SUITE 1000  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 332

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ANDREWS, ANTHONY E  
STREET ADDRESS 1401 BRICKELL AVENUE, SUITE 1000 332  
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE VST  
NAME MANFREDI, LUDOVICO  
STREET ADDRESS 1401 BRICKELL AVENUE, SUITE 1000 332  
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUDOVICO  
MANFREDI

1/15/99

Date

305 373 8118

Daytime Phone #

CR2E034 (11/98)

01911