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

**PROFIT** CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90126 042 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

**DOCUMENT # \$73750** SOUTH BEACH SKATES, INC.

Principal Place of Business Mailing Address 940 N.W. 30TH COURT 940 N.W. 30TH COURT MIAMI FL 33125 MIAMI FL 33125 2a. Mailing Address 2. Principal Place of Business

26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Country Country Zip Zio 25

30 29 9. Name and Address of Current Registered Agent

65-0304010 5. Certifcate of Status Desired - - -6. Election Campaign Financing Trust Fund Contribution

3. Date Incorporated or Qualifed

08/12/1991 4. FEI Number

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

\$5.00 May Be Added to Fees X No ☐ Yes

Applied For

\$8.75 Additional

Fee Required

Not Applicable

PASCUAL, RAUL 940 N.W. 30TH COURT **MIAMI FL 33125** 

	10. Name and Address of New Registered Agent		
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City . FL 85 Zip Cod	е	

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE 1.2 NAME PASCUAL, RAUL NAME 940 N.W. 30TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE [] Change ☐ Addition 2.1 TITLE ΤΙπε 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY\_ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETÉ 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 eath; 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 arachment with an address, withyall other like empowered.

SIGNATURE:

RAUL PASCUAL

CR2E034 (11/98)