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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S73807

(7)

FILED
Apr 29 1998 8:00am
Secretary of State

| 1. Corporation   |                                       | KPORTS, INC.   | <i>31</i>                     | (1)                                       |                           |                      |                         |  |                   |               | 184 BIBA 148                                  |
|--|---------------------------------------|--|-------------------------------|---|---------------------------|----------------------|-------------------------|--|-------------------|---------------|---|
| Principal Place of Business Mailing Address  |                                       |  |                               |   |                           |                      |                         |  | elii iddi dieli i |               | <b>                                      </b> |
| 8314 NW 14TH ST 8314 NW 14TH ST  |                                       |  |                               |   |                           |                      |                         |  |                   |               |   |
| MIAMI FL 33126 MIAMI FL 33126  |                                       |  |                               |   |                           |                      |                         | DO NOT WE  | UTC 161 71 UC     | 00405         |   |
| U\$ U\$  |                                       |  |                               |   |                           |                      |                         | DO NOT WRITE IN THIS SPACE                                       |                   |               |   |
|  |                                       |  |                               |   |                           |                      |                         | <ol> <li>Date Incorporated or Qualific<br/>08/15/1991</li> </ol> | 3G                |               |   |
| 2. Principal I   | Place of Busin                        | ness   | 28. Mailing Address           |   |                           |                      |                         | 4. FEI Number  |                   | Ar            | oplied For                                    |
| 21   |                                       |  | 26                            |   |                           |                      |                         | 65-0281976   |                   |               | of Applicable                                 |
| Sulte, Apt   | . #, etc.                             |  | 27 St                         | Suite, Apt. #, etc.                       |                           |                      |                         | 5. Certificate of Status Desired                                 |                   | <b>.</b>      | Additional<br>equired                         |
| City & Sta   | ite                                   |  | Ci                            | City & State                              |                           |                      |                         | 6. Election Campaign Financing                                   | _                 |               | May Be  |
| 23   |                                       |  | 28                            |   |                           |                      | Trust Fund Contribution |  |                   | to Fees       |   |
| Zip  |                                       | Country  |                               | ¬ ' —                                     |                           | Country              |                         | 8. This corporation owes or has                                  |                   |               |   |
| 24   | A Name                                | 25 and Address of Curre                                  | 29 Pagister                   | orod Agent                                |                           |                      |                         | Personal Property Tax due Ji<br>10. Name and Address of New      |                   |               | _ No  |
|  | · · · · · · · · · · · · · · · · · · · |  | in nograter                   | ou Agent                                  |                           | 31                   | Name                    | 10. Name and Address of New                                      | nogistorec        | - Maile       |   |
| SANDERS, JOEL D. CPA   |                                       |  |                               |   |                           |                      |                         |  |                   |               |   |
| -15626 SW 18TH ST<br>- PEMBROKE PINES FL 83129 ,   |                                       |  |                               | 82  |                           |                      | Street Add              | ss (P.O. Box Number is Not Accep                                 | otable)           |               | 1   |
| -  | CMDNUNE                               | way  |                               | B3  |                           |                      |                         |  |                   |               |   |
|  | Suite #                               | Commerce Halk  |                               |   |                           |                      |                         |  |                   |               |   |
|  | weston .                              |  | •                             |   | 84 City                   |                      |                         |  | FI                | <b>85</b> Zip | Code  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida Such chango was authorized by the corporagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                       |  |                               |   |                           |                      |                         | ration submits this statement for th                             |                   |               | Is registered                                 |
| office or<br>agent. I  | registered ag<br>am familiar w        | gent, or both, in the Stati<br>ith, and accept the oblig | e of Florida<br>yations of, S | Such chango was a<br>ection 607.0505, Flo | authorized<br>orida Statu | by thes              | he corpora              | n's board of directors. I hereby ac                              | cept the ap       | pointment as  | registered                                    |
| SIGNATURE  | Flore) up turne                       | For pointed harne of registered ag                       | and much title of one         | (8/21                                     | [ : Popistored            | A non!               | Figurature requi        | when reinstating)  | DATE              |               |   |
| 12.  | Signature type of                     | OFFICERS AN  |                               |   | 13.                       | -gen                 | aigita.ute raqu         | ADDITIONS/CHANGES TO OF  |                   | ID DIRECTOR   | RS IN 12                                      |
| TITLE  | PD                                    |  |                               | DELETE                                    | 1.1 TITL                  | <br>E                | 7                       | ESIDENT  |                   | Change        | Addition                                      |
| NAME   | NAME BARZEL, JOSEPH                   |  |                               | 1.2 N                                     |                           | O SULLAN             |                         | a-al adezel  | _                 |               |   |
| STREET ADDRESS 8314 NW 14 STREET   |                                       |  |                               | 1.3                                       |                           |                      | ODRESS 6                | SEPH BANGER STREET   | ΞĪ                |               |   |
| CITY-ST-ZIP  | MIAMI                                 | FL 33126   |                               |   | 1.4 C(T)                  | '-ST-                |                         | 1AMI, FLORDA, 3312   |                   |               | 13  |
| TITLE  | VD                                    |  |                               | DELETE                                    | 2.1 TITL                  | E                    |                         | CE - PRESIDENT   |                   | Change        | Addition                                      |
| NAME   | -LOPES                                | S, RICARDO   |                               | 2.2 NA                                    |                           | IE.                  | ,                       | TRICK BARZEL   |                   |               |   |
| STREET ADDRESS   |                                       |  |                               | 2.3                                       |                           | 2.3 STREET ADDRESS 8 |                         | 314 N.W. 14th STREE  | τ                 |               | Į   |
| CITY-ST-ZIP  | Y-ST-ZIP MAMI FL 93120                |  |                               |   |                           | 2. 4 CITY-ST-ZIP     |                         | iamî , Florida - :   | 33126             |               |   |
| TITLE  |                                       |  |                               | ☐ DELETE                                  | 3.1 TITL                  | E                    | Ī                       |  |                   | Change        | ☐ Addition                                    |
| NAME   |                                       |  |                               |   | 3.2 NAM                   | 1E                   |                         |  |                   |               |   |
| STREET ADDRESS   | 1                                     |  |                               |   | 3.3 STRI                  | ET AD                | DDRESS                  |  |                   |               |   |
| CITY-ST-ZIP  | <u> </u>                              |  |                               |   | 3.4. C(T)                 | /-ST-                | ZIP                     |  |                   |               |   |
| TITLE  |                                       |  |                               | ☐ DELETE                                  | 4 1 11TL                  | F                    |                         |  |                   | L Change      | Addition                                      |
| NAME   |                                       |  |                               |   | 4. 2 NA                   | ЛF                   |                         |  |                   |               | į   |
| STREET ADDRESS   | 1                                     |  |                               |   | 4.3 STR                   | EET AD               | DORESS                  |  |                   |               |   |
| CITY-ST-ZIP  |                                       |  |                               |   | 4.4 CITY                  | -ST-                 | ZIP                     |  |                   |               |   |
| TITLE  |                                       |  |                               | ☐ DELETÉ                                  | 5.1 TITL                  |                      |                         |  |                   | Change        | Addition                                      |
| NAME   |                                       |  |                               |   | 5.2 NAM                   | 1E                   | Ì                       |  |                   |               | }   |
| STREET ADDRESS   |                                       |  |                               |   | 5.3 STR                   | EET AC               | ODRESS                  |  |                   |               |   |
| CITY-ST-ZIP  | ļ                                     |  |                               |   | 5.4 CITY                  |                      | ZIP                     |  |                   |               |   |
| TITLE  |                                       |  |                               | DELETE                                    | 61 TITL                   |                      | ĺ                       |  |                   | Change        | L. Addition                                   |
| NAME   | 1                                     |  |                               |   | 6.2 NAM                   |                      |                         |  |                   |               |   |
| STREET ADDRESS   |                                       |  |                               |   | 6.3 STH                   |                      |                         |  |                   |               | 1   |
| CITY-ST-ZIP  | <u> </u>                              |  |                               | <u> </u>                                  | 6.4 CITY                  | - ST - 2             | ZIP                     | 740 07(01/2) Ft 11 0: 11   |                   |               |   |

14. I hereby certify that the information supplied with this filing does not goalify 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 trusted employeed 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.

CICALATURE.

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