

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S81308** (6)

95 MAR 14 AM 7:52

1. Corporation Name
CYCLING ENTERPRISE, INC.

Principal Place of Business
**61 HARBOR DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**61 HARBOR DRIVE
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **09/18/1991** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0287129** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**DE OLIVEIRA, FRANCISCO LUIS
61 HARBOR DRIVE
KEY BISCAYNE FL 33149**

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 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

(If you type or print name of registered agent and file of applicable

FOIL, Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

NAME	PD
NAME	DE OLIVEIRA, FRANCISCO
STREET ADDRESS	61 HARBOR DRIVE
CITY-STATE-ZIP	KEY BISCAYNE FL
NAME	ST
NAME	MASCH, SERGIO
STREET ADDRESS	61 HARBOR DR
CITY-STATE-ZIP	KEY BISCAYNE FL
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the corporation, and that my signature shall have the same legal effect as if made under oath. (Check 12 or 13 if changed), or on an attachment with an address.

SIGNATURE: *Sergio Masch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio Masch
Sec/Treas

2/9/95 (305) 361-0061
DATE AND TELEPHONE NUMBER