
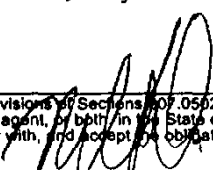


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S81308 1. Corporation Name CYCLING ENTERPRISE, INC.			
Principal Place of Business 16129 BISCAYNE BLVD. N. MIAMI BCH., FL 33160		Mailing Address 16129 BISCAYNE BLVD. N. MIAMI BCH., FL 33160	
2. Principal Place of Business 21 1970 SWEET BAY WAY Suite, Apt. #, etc.		2a. Mailing Address 26 1970 SWEET BAY WAY Suite, Apt. #, etc.	
22 City & State 23 HOLLYWOOD, FL 24 Zip 33109 25 Country USA		27 City & State 28 HOLLYWOOD, FL 29 Zip 33109 30 Country USA	
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 Nelson Slosbergas 82 Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Dr., suite 400 83 84 City Miami 85 State FL 86 Zip 33141	
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE </div><div>DATE July 26, 1999</div></div>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PDST FRANCISCO LUIS DE OLIVEIRA JR. 1970 SWEET BAY WAY HOLLYWOOD, FL 33109		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 300002955393-7 08/10/99 01022-005 ***61.25 ***61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD DE OLIVEIRA, FRANCISCO 16129 Biscayne Blvd. N. Miami Bch, FL 33160		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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RECEIVED STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
65-0287129

4. FEI Number
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

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

Date

Daytime Phone #

July 26, 1999