FILE NOW: FILING FEE AFTER MAY 1 IŞ \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # s95048 (2)

EUROPEAN SPORTING GOODS, INC

Principal Plac	o of Business	Mailin	g Address				7			
	NW 27 ST		0 NW 27	C m						
STE 3			303	21			}			
			-	2242	_					
	, FL 33122		MI, FL	33122	2		3. Date Incorporated or Qualified	3a . Da	e of Last	Report
US		US	US				11/18/1991	04/30/96		
2. Principal P	Pace of Business	2a. Ma	illing Address				4, FEI Number			Applied For
21		26					65-0296911		\ \	vot Applicable
Suite, Apt.	#, etc.	Sui	Suite. Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e		y & State		_		6. Election Campaign Financing		\$5.00	May Be
23		28	•				Trust Fund Contribution			o may be of to Fees
Zip	Country 25	Zıp)	30 Co.	ıntry		8. This corporation has liability for		ax under	
24	9. Name and Address of Curre		d Agent	30]	Π.		10. Name and Address of New Re			
	a, Maine and Address of Curre	ur vedierere	u Agent		B1	Name	TO. Hallie and Address of New No.	gistoreu A	April	
BOETS	, PHILIPPE]	Harric				
8250 NW 27 ST STE 303					82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
MIAMI, FL 33122					83					
					84	City			85 Zip	Code
						· 1		FL	'	
office or r agent. I a	registered agint, or both, in the Statem familiar with, and accept the oblig					the corpori	rporation submils this statement for the pation's board of directors. I hereby acce	of the appo	changing pintment a	s registered
SIGNATURE	Signature, typed or printed name of registeror as	PH	ILIPPE	BOETS	d Ago	of a coupling con	dired when reinstating)	$\frac{97/10}{100}$	/97	
12.	OF#ERS/AL			13.	- Topic	or o galler o log	ADDITIONS/CHANGES 10 OF FIG	ERS AND	DIRECTO	RS IN 12
TITLE	T		DELETE	111	1LE				Change	
NAME	PTS	_	-	12 N		İ				_
STREET ADDRESS	BOETS, PHILIPP	E 2000 20				ADDRESS				
'	8250 NW 27 ST 3 MIAMI, FL 3312	STE 30	3			1				
CITY - ST - ZIP	MIAMI, FD 3312.	<u> </u>	DELETE	2 1 11		T-ZIP			Change	Addition
TITLE			L., peccie			t			Change	L. Aconon
NAME				2.2 N						
STREET ADDRESS			•			ADDRESS				
CITY - ST - ZIP			- Lander	_	_	SI-ZIP	· · · · · · · · · · · · · · · · · · ·			
TIFLE			☐ DELETE	3.1 1		,			Change	Addition
NAME				3.2 N]MA					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY ST-ZIP	<u> </u>			3.4. 0	(IY-5	ST-ZIP				
TITLE			DELETE	411	TLE				Change	Addition
NAME				4 2 N	IAME					
STREET ADDRESS				435	TREET	ADDRESS				
CITY-ST-ZIP						T-ZIP				
TITLE	 		DELETE	5 1 TI		- 411			Change	Addition
NAME				52N				'		
						4500100				
STREET ADDRESS				■ 53 \$°	IREE)	ADDRESS				

14. I do hereby certify that the information indicated on this I am an officer or director of formation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the coloration or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name an attachment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

6171118

6.2 NAMI

SIGNATURE

DITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

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-07/17/97--01004--008

(305)591.7160

Change

FILED

Jul 16 1997 8:00am

Secretary of State