## 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 # \$95048

EUROPEAN SPORTING GOODS, INC.

**FILED** Feb 06, 1999 8:00am **Secretary of State** 

02-06-1999 90031 029 \*\*\*150.00



Principal Place	e of Business	Mailing Address			
8250 NW 27TH	ST	8250 NW 27TH ST			
STE 303		STE 303		DO NOT WRITE IN	THIS SPACE
MIAMI FL 33122	Programme of the control of the cont	MIAMI FL 33122 US		3. Date Incorporated or Qualifed	
US		υυ <u>.</u>		11/18/1991	
		2- Mailing Address		4. FEI Number	Applied For
<ol><li>Principal Pl</li></ol>	lace of Business	2a. Mailing Address		65-0296911	Not Applicab
21	The second secon	26			\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22	<u> </u>	27			\$5.00 May Be
City & State	e	City & State		6. Election Campaign Financing	Added to Fees
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	
Zip ·	Country	Zip	Country	8. This corporation owes the current ye	earIntangible M∐Yes □No
24	25		30	Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	resea Affects
	1. 1. 1. 1. 1. 1. 1. 1.		81 Name		
BOE	TS, PHILIPPE	., <b>'</b>	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
8250	NW 27TH ST #303	\$ ·•	Jan Oli Cell Ad		<u> </u>
	MI FL 33122		83	4.1	回旋調酬網調
7. 3		ing a Property Control of the Contro		· · · · · · · · · · · · · · · · · · ·	85 Zip Code
.8 (13) ⊋0843 (13)		9290 (27) 255H 73	84 City		FL 85 Zip Code
	*		1 1	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such change was au ations of, Section 607.0505, Flor	ida Statutes.	progration submits this statement for the purposition's board of directors. I hereby accept the	
	State of the state		Registered Agent signature requ		ATE
F-1 21 21	Signature, typed or printed name of registered age			ADDITIONS/CHANGES TO OFFICE	
12.		ND DIRECTORS	13 1.1 TITLE	Applitotionor in action	Change Add
TITLE .	PTS	☐ DETE IS			•
NAME ,	BOETS, PHILIPPE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122				
TITLE			1.4 CITY-ST-ZIP		☐ Change ☐ Add
		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Add
NAME		☐ DELETE			☐ Change ☐ Add
		☐ DELETE	2.1 TITLE		☐ Change ☐ Add
STREET ADDRESS		□ OELÉTE	2.1 TITLE 2.2 NAME		
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	2. mg/ 2.	☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	S	DELETE  DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S S	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		DELETE  DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE  DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE		☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add

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: