

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V04718** (5)

1. Corporation Name

**BICYCLE AND FITNESS STORE, INC.**



Principal Place of Business

**6140 SO DIXIE HWY  
MIAMI FL 33143  
US**

Mailing Address

**6140 SO DIXIE HWY  
MIAMI FL 33143  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified  
**01/06/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0315350**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERGER, MAX  
250 CATALONIA AVE  
SUITE 606  
CORAL GABLES FL 33134**

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

Signature of Agent or principal officer of corporation and the date of signature

date

**12**

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
BERGER, MAX  
250 CATALONIA AVE.  
CORAL GABLES FL 33134**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD  
SARUSKI, BERNARDO  
6140 SO DIXIE HWY  
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VDS  
SARUSKI, STANLEY  
6140 SO DIXIE HWY  
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

**13**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**14**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**15**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**16**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**17**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

CR2E034 (12/95)