

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

**APPROVED
AND
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1995

95 MAY 10 AM 10:35

DOCUMENT # P93000082139 (5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F4 SPORTS, INC.

6550 INTERNATIONAL DR
SUITE 104
ORLANDO FL 32819
US

169 E. FLAGLER ST.
SUITE 1521
MIAMI FL 33131
US

21	22	23	24	25	26	27	28	29	30	31	32
						261 N.E. 1st St. 4th fl.	Miami, FL	33132	Nade	12/01/1993	05/01/1994
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
SHOAFF, NISSIM BEN 223 E. FLAGLER ST. SUITE 102 MIAMI FL 33131					B1	Name: NISSIM BEN SHOAFF					
					B2	Street Address: 261 NE 1ST STREET					
					B3	4th FLOOR					
					B4	City: Miami		B5	FL 33132		

11. Pursuant to the provisions of Sections 607.01 and 607.02 of the Florida Statutes, the above named corporation admits the statement for the purpose of changing its registered office to the address set forth 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 provisions of the laws of the State of Florida.

Signature: *X N.B. Shoaff*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND MEMBERS	
NAME	D OIKNINE, CLAUDE 6550 INTERNATIONAL DRIVE, SUITE 004 ORLANDO FL	NAME	
NAME	D SHOAFF, NISSIM BEN 1390 CLEVELAND RD. MIAMI BCH. FL	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02 of the Florida Statutes. I further certify that the information is submitted as the annual report of the corporation and is not intended to be used as a separate document. I understand that any separate document filed with this filing will be subject to the provisions of the laws of the State of Florida. I hereby certify that the information is true and correct and that any officer or director who is named in this report is responsible for the accuracy of the information. I am familiar with and accept the provisions of the laws of the State of Florida.

SIGNATURE: *X N.B. Shoaff*
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR