FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003528 (6)

1. Corporation Name

AUTHENTIC FITNESS RETAIL INC.

Principal Place of Business	Mailing Address
7911 HASKELL AVE. VAN NUYS CA 91410	7911 HASKELL AVE. VAN NUYS CA 91410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:

4. FEI Number: 95-4442062 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	RAVIT, BETH	NAME	
STREET ADDRESS	90 PARK AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	CITY-ST-ZIP	
TITLE	STD	2 TITLE	D ☒ Change ☐ Addition
NAME	BROOKS, WALLY	NAME	BROOKS, WALLIS
STREET ADDRESS	7911 HASKELL AVE.	STREET ADDRESS	711 BEACON HILL DRIVE
CITY-ST-ZIP	VAN NUYS CA 91410	CITY-ST-ZIP	SOUTHBURY, CT 06448
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	CHAN, WILLIAM	NAME	
STREET ADDRESS	7911 HASKELL AVE.	STREET ADDRESS	
CITY-ST-ZIP	VAN NUYS CA 91410	CITY-ST-ZIP	
TITLE		4 TITLE	T ☐ Change ☒ Addition
NAME		NAME	NICOLETTE SOHL
STREET ADDRESS		STREET ADDRESS	6040 BANDINI BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	COMMERCE, CA 90040
TITLE		5 TITLE	C/D ☐ Change ☒ Addition
NAME		NAME	LINDA J. WACHNER
STREET ADDRESS		STREET ADDRESS	90 PARK AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	NEW YORK, N.Y. 10021
TITLE		6 TITLE	D ☐ Change ☒ Addition
NAME		NAME	WILLIAM S. FINKELSTEIN
STREET ADDRESS		STREET ADDRESS	382 BRAMBLE LEDGE CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	FAIRFIELD, CT 06430

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: William Chan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 — Date
818-373-4645 — Daytime Phone #

0491022 FN