

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gwendolyn B. Matthews  
Secretary of State  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED  
AND  
FILED

DOCUMENT # **M36100** (9)

1. Corporation Name  
**PHYSIQUES UNLIMITED INC.**

NOV 23 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location: **413 N FEDERAL HWY  
POMPANO BEACH FL 33062**  
Mailing Address: **413 N FEDERAL HWY  
POMPANO BEACH FL 33062**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **07/31/1986**  
3a. Date of Last Report: **08/04/1994**

4. FID Number: **59-2705822**  
Applied For: ☐  
Not Applicable: ☐

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. Does corporation have authority to solicit contributions for political purposes? ☐ Yes ☒ No

2. The Corporation's Principal Office Location: **21 2310 EAST ATLANTIC BLVD**  
2a. Mailing Address: **26 2310 EAST ATLANTIC BLVD**  
2b. City & State: **23 POMPANO BEACH FL**  
2c. Zip Code: **24 33062 25 USA 28 POMPANO BEACH FL 29 33062 30 USA**

9. Name and Address of Current Registered Agent

**MILAN, ORLANDO A. MILAN, ORLANDO A.  
429 N. FEDERAL HWY  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address: P.O. Box Number, if Applicable: \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. I, the undersigned, the person authorized to execute this report under the laws of the State of Florida, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been prepared and filed in accordance with the provisions of Chapter 607, Florida Statutes.

*O.A. Milan*

5-15-95

12. OFFICERS AND DIRECTORS

**DS  
MILAN, ORLANDO A.  
2575 S.W. 8 ST.  
POMPANO BEACH FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
2. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
3. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
4. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
5. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
6. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
7. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
8. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
9. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
10. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
11. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
12. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
13. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
14. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
15. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
16. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
17. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
18. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
19. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐  
20. NAME: \_\_\_\_\_ Change: ☐ Addition: ☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption subject to the laws of the State of Florida, Chapter 607, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if it were signed by the person or persons named in the report or supplemental report. I am not a director or officer of the corporation, and I am not a shareholder or creditor of the corporation. I am not a person who is prohibited from exercising the right to vote in the election of directors of the corporation, and that my name appears on the list of shareholders of the corporation.

SIGNATURE: *O.A. Milan* **Orlando A. Milan**  
SIGNATURE AND NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 305 946 1867  
Date Telephone #

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

APPROVED  
AND  
FILED

MAY 23 1994 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**

**DOCUMENT # M36968 (9)**

**1. Corporation Name**  
**BISBANO, INC.**

**Principal Place of Business**  
**6320 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

**Mailing Address**  
**6320 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

**2. Principal Place of Business**  
**21** State, Apt. # etc.  
**22** City & State  
**23** Zip

**2a. Mailing Address**  
**26** State, Apt. # etc.  
**27** City & State  
**28** Zip

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**  
**08/18/1986**

**3a. Date of Last Report**  
**04/15/1994**

**4. FEI Number**  
**59-2711378**

**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. 196.05, Florida Statutes.** ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**BISBANO, CHARLES R.  
6320 MIRAMAR PKWY  
MIRAMAR FL 33023**

**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 607.07(2) and 607.1506, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1506, Florida Statutes.**

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                            |                                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 |                                                                   |
|-------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| 12-1<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP | PO<br>BISBANO, CHARLES R.<br>1961 SW 68TH AVE<br>PLANTATION FL | 13-1<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-2<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-2<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-3<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-3<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-4<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-4<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-5<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-5<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-6<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-6<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-7<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-7<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-8<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP |                                                                | 13-8<br>NAME<br>STREET ADDRESS<br>CITY & STATE<br>ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**14. I, the undersigned, certify that the information supplied with this report is truthfully furnished and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes. I further certify that the information indicated on this enclosed 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 on the manner for business represented to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report, or as an attachment with an address.**

**SIGNATURE:** *Charles R. Bisbano* **CHARLES R. BISBANO** **5/10/95** **305-9665251**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M44087** (8)

1. Corporation Number

**ATLANTIC INVESTMENT - CLIFTON CORPORATION**

RECEIVED MAY 10 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1986

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0003147

Applied For

Not Applicable

22. State, Apt. # etc.

27. State, Apt. # etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24. State

25. State

29. State

30. State

8. Does corporation regularly file information with the  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVALHO, JEAN  
1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. If both in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am hereby accepting and acknowledging the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes.

DECLARATION

I, the undersigned, declare that I am a resident of the State of Florida.

I, the undersigned, declare that I am a resident of the State of Florida.

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

|                |                       |
|----------------|-----------------------|
| NAME           | PD                    |
| STREET ADDRESS | ABDO, JOHN E.         |
| CITY           | 1750 E SUNRISE BLVD   |
| STATE          | FT. LAUDERDALE FL     |
| ZIP CODE       | S                     |
| NAME           | CARVALHO, JEAN        |
| STREET ADDRESS | 1750 E. SUNRISE BLVD. |
| CITY           | FT. LAUDERDALE FL     |
| STATE          | T                     |
| NAME           | EANES, JASPER R.      |
| STREET ADDRESS | 1750 E. SUNRISE BLVD. |
| CITY           | FT. LAUDERDALE FL     |
| STATE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| STATE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| STATE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| STATE          |                       |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE          |  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and correct and equally for the corporation stated in Sections 601.01, 601.02, and 601.03, Florida Statutes. I further certify that the information is made public as the annual report or supplemental annual report is true and accurate and that the corporation shall keep the same legal office file of records and books that are available for the inspection of the corporation or the receipt of the same as required by Chapter 601, Florida Statutes, and that the same appear in Block 12 or Block 13 of this report as set forth herein with its address.

SIGNATURE:

*Jeane Carvalho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northington  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

DOCUMENT # **M46591**

(7)

1. Corporation Name

**TOTAL-ANSWER BUSINESS SYSTEMS, INC.**

RECEIVED MAY 15 1995

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                            |    |                                                            |    |                                                                                                                                          |                                |
|------------------------------------------------------------|----|------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Name of Business                              |    | 2b. Mailing Address                                        |    | 3. Date the Corporation is Qualified                                                                                                     | 3a. Date of Last Report        |
| C/O MONROE GELB<br>6005 S.W. 35TH STREET<br>MIAMI FL 33155 |    | C/O MONROE GELB<br>6005 S.W. 35TH STREET<br>MIAMI FL 33155 |    | 02/13/1987                                                                                                                               | 03/01/1994                     |
| 21                                                         | 22 | 26                                                         | 27 | 4. Filing Number                                                                                                                         | Applied For / Not Applicable   |
| State: Florida                                             |    | State: Florida                                             |    | 59-2777881                                                                                                                               |                                |
| 23                                                         | 24 | 28                                                         | 29 | 5. Certificate of Status Desired                                                                                                         | \$8.75 Additional Fee Required |
| City & State                                               |    | City & State                                               |    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 |                                |
| 24                                                         | 25 | 29                                                         | 30 | 6. Election Campaign Financing / Trust Fund Contributions                                                                                | \$5.00 May Be Added to Fees    |
| City                                                       |    | City                                                       |    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 |                                |
| State                                                      |    | State                                                      |    | 7. This Corporation has liability for interstate tax under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

## 9. Name and Address of Current Registered Agent

**GELB, MONROE**  
**3400 S.W. 3RD AVENUE**  
**MIAMI FL 33145**

## 10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | FL                                                 |
| 86 | Zip Code                                           |

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), Florida Statutes, this 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 607.15(6), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

| 12. OFFICERS AND DIRECTORS                                                                              | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                            |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| NAME: <b>D. FERNANDEZ, CANDIDO F.</b><br>ADDRESS: <b>6005 S.W. 35TH STREET</b><br>CITY: <b>MIAMI FL</b> | 1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 8. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 9. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
|                                                                                                         | 10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 11. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 12. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 13. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 15. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 16. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 17. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 18. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 19. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                         | 20. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. Furthermore, that the information made effect on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons responsible for the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

*C. Fernandez*

CANDIDO F. FERNANDEZ

5/17/95 (30) 663-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR