

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000088527 (4)

1. Corporation Name
AVANTI HEALTH & FITNESS CORPORATION



Principal Place of Business: 1221 BRICKELL AVE MIAMI FL 33131
Mailing Address: 1221 BRICKELL AVE MIAMI FL 33131

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report: 06/29/1995
4. FEI Number: 65-0543718
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

SAXON, BARBRA F
1221 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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) _____ (Typed Name) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAXON, BARBRA F.	
STREET ADDRESS	2000 TOWERS IDE TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLTZ, ABEL	
STREET ADDRESS	9999 COLLINS AVENUE, #PH38	
CITY- ST- ZIP	BAL HARBOUR FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LARSEN, ANDREA	
STREET ADDRESS	1470 N.E. 123RD STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VLLMAN, MICHAEL	
STREET ADDRESS	115 NORTHWEST 167TH STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	VELASQUEZ, JOHN	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAXON, BARBRA F.	
1.3 STREET ADDRESS	2000 TOWERSIDE TERRACE	
1.4 CITY- ST- ZIP	MIAMI, FLORIDA 33138	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ULLMAN, MICHAEL	
4.3 STREET ADDRESS	115 NORTHWEST 167th STREET	
4.4 CITY- ST- ZIP	NORTH MIAMI, FLORIDA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JACK QUANSTROM	
6.3 STREET ADDRESS	2000 TOWERSIDE TERRACE	
6.4 CITY- ST- ZIP	MIAMI, FLORIDA	

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: *Barbra Faxon, President* 5/8/96 (305) 372-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)