

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

0223874

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90016 042 \*\*\*150.00

**DOCUMENT # P98000057376**

1. Corporation Name  
**GET FIT FOR LIFE INC.**



Principal Place of Business  
7901 S.W. 36TH TERRACE  
MIAMI FL 33155

Mailing Address  
7901 S.W. 36TH TERRACE  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **555 NE 34 Street**  
Suite, (Apt.) #, etc.  
22 **404**  
City & State  
23 **Miami FL**  
Zip Country  
24 **33137** 25 **U.S.**

2a. Mailing Address  
26 **555 NE 34 St**  
Suite, Apt. #, etc.  
27 **APT 404**  
City & State  
28 **Miami FL**  
Zip Country  
29 **33137** 30 **U.S.**

3. Date Incorporated or Qualified  
**06/26/1998**

4. FEI Number  
**65-0866025**

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

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

8. This corporation owes the current year Intangible - Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**FUENTES, ANDRES L**  
**7901 S.W. 36TH TERRACE**  
**MIAMI FL 33155**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUENTES, ANDRES L	
STREET ADDRESS	7901 S.W. 36TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLO, JESUS	
STREET ADDRESS	9511 S.W. 25TH DR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** Jesus Gallo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/99** **576-3531**  
Date Daytime Phone #  
**756-0812**

CR2E034 (1/198)