FILED Apr 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087422

1. Corporation Name

CYBEX INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address						(() all () all all () () all all () all	.0101-40145-10071-01010-1	- Greater issu
8730 SW 133 AVE RD. APT 102		8730 SW 133 AVE RD, AFT 102 MIAMI FL 33183						
MIAMI FL 33183					DO NOT WRITE IN THIS SPACE			
					3	Date Incorporated or Qualifed	THO OF ACE	-
					٠.	10/12/1998		
2 Principa P	lace of Business	2a. Mailing Address				FEI Nı mber	Apr	lied For
21	acc of Sacrices	26				65-0871528	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	ditional
22		27		5.	Certificate of Status Desired	Fee Red	ε uired	
City & State		City & State			- 6.	Election Campaign Financing	\$5.00	t∧ay-Be
23		28				Trust Fund Contribution	Added to	Fees
Žip	Courtry	Zip	Country		8.	This corporation owes the current year		
24	25	29	30			Persor al Property Tax.		[]No
	g. Name and Address of Curre	nt Registered Agent		T	10	Name and Address of New Registe	red Agent	
1-71 116	COOO MADIA D		81	Name				
IZUIERDO, MARIA P 8730 SW 133 AVE RD, APT 102			82	Street A	Ac dress (P.	ess (P.O. Box Number is Not Acceptable)		
	•							
MIAP	AI FL 33183		83					
			84	City			85 Zip C) de
				<u> </u>			FL o = F	aistored
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statul e of Florida. Such change was :	tes, the above authorized by	e-named of the corpo	ccrporation gration's bo	n submits this statement for the purpos pard of cirectors. I hereby accept the a	prointment as rec	g stered
agent. ⊢a	m familiar with, and at cept the oblig	ations of, Section 607.0505, Flo	orida Statutes			,		
SIGNATURE	·							
	Signature, typed or printed na ne of registered age	<u> </u>	Registered Ager	nt signature re				DC IN 12
12.		NI) DIRECTORS	13. 1.1 TITLE		<u>^</u>	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PD ALEMANDOO	C) DECEN						
NAME	REYES, ALEJANDRO	10	1.2 NAME 1.3 STREET	LADDBECC				
STREET ADDRESS		JZ		- 1				
CITY-ST-ZIP	MIAMI FL 33183	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219			Change	Addition
TITLE	VD			}				_
NAME	HENRIQUEZ, CLAUDIO	20	2.2 NAME					
STREET ADDRE 3S	8730 SW 133 AVE RD, APT 10)Z	2.3 STREET	ł				
CITY-ST-ZIP	MIAMI FL 33183	□ DELETE	2.4 CITY-S 3.1 TITLE	51-ZP			Change	Addition
TITLE	IZQUIERDO, MARIA P		3.7 THE				_	_
NAME	12001ENDO, MANIA P 8730 SW 133 AVE RD, APT 11	no	3.3 STREET	T ADDDECC				
STREET ADDRESS	MIAMI FL 33183	UZ	3.4. CITY- S	- 1				
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE	31-2119			Change	☐ Addition
NAME	VOGEL, VERONICA		4. 2 NAME					
		กว		TADDRESS				
STREET ADDRESS	MIAMI FL 33183	UL.	4.4 CITY- S	- 1				
CITY-ST-ZIP	WINTER TE SO TOO	☐ DELETE	5.1 TITLE	1-21			☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				1
			54 CITY-S	- 1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS				

14. I hereb / certify that the informat on 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address, with all other like empowered. SIGNATURE: