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
7911 HASKELL AVE.
VAN NUYS CA 91410

Mailing Address
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
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

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

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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
REGISTERED AGENT SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAVIT, BETH
STREET ADDRESS	90 PARK AVE.
CITY-ST-ZIP	NEW YORK NY 10016
TITLE	STD
NAME	BROOKS, WALLY
STREET ADDRESS	7911 HASKELL AVE.
CITY-ST-ZIP	VAN NUYS CA 91410
TITLE	D
NAME	CHAN, WILLIAM
STREET ADDRESS	7911 HASKELL AVE.
CITY-ST-ZIP	VAN NUYS CA 91410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	☒ Change ☐ Addition
22 NAME	BROOKS, WALLIS	
23 STREET ADDRESS	711 BEACON HILL DRIVE	
24 CITY-ST-ZIP	SOUTHBURY, CT 06448	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	T	☐ Change ☒ Addition
42 NAME	NICOLETTE SOHL	
43 STREET ADDRESS	6040 BANDINI BLVD.	
44 CITY-ST-ZIP	COMMERCE, CA 90040	
51 TITLE	C/D	☐ Change ☒ Addition
52 NAME	LINDA J. WACHNER	
53 STREET ADDRESS	90 PARK AVENUE	
54 CITY-ST-ZIP	NEW YORK, N.Y. 10021	
61 TITLE	D	☐ Change ☒ Addition
62 NAME	WILLIAM S. FINKELSTEIN	
63 STREET ADDRESS	382 BRAMBLE LEDGE CIRCLE	
64 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 the 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 5/5/95 818-373-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #