FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018943 (7)**

1. Corporation Name

ULTIMATE PHYSIQUE, INC.

Principal Place of Business	Mailing Address
2375 N.E. 173 STREET SUITE 304B N. MIAMI FL 33160	2375 N.E. 173 STREET SUITE 304B N. MIAMI FL 33160

3. Date Incorporated or Qualified: 03/08/1995

3a. Date of Last Report: N/A.

2. Principal Place of Business
21: 420 LINCOLN Rd.
Suite, Apt. #, etc. 22: SUITE # 202
City & State 23: MIAMI BEACH, FL
Zip 24: 33139 Country 25: USA

2a. Mailing Address
26: 420 LINCOLN Rd
Suite, Apt. #, etc. 27: SUITE # 202.
City & State 28: MIAMI BEACH, FL
Zip 29: 33139 Country 30: USA.

4. FEI Number: 65-0564416 ☐ Applied For ☐ Not Applicable

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: KISHORE HEGDE
82 Street Address (P.O. Box Number is Not Acceptable): 1200 WEST AVE #1614.
83
84 City: MIAMI BEACH. FL 85 Zip Code: 33139

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: Kishore Hegde, KISHORE HEGDE 05/01/96
(Signature, typed or printed name of person signing) (Title, if applicable) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HEGDE, KISHORE		1.2 NAME	HEGDE, KISHORE	
STREET ADDRESS	2375 N.E. 173 STREET, SUITE 304B		1.3 STREET ADDRESS	1200 WEST AVE, #1614.	
CITY-ST-ZIP	N. MIAMI FL 33160		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139.	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Kishore Hegde, KISHORE HEGDE President 05/01/96 (305) 538-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)