

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

FILED
Jun 06 1996 8:00 am
Secretary of State

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
05/11/1995

4. FEI Number
95-4442062

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAVIT, BETH
STREET ADDRESS 90 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10016 ☒ DELETE

TITLE D
NAME BROOKS, WALLY
STREET ADDRESS 711 BEACON HILL DR
CITY-ST-ZIP SOUTH BAY CT ☒ DELETE

TITLE D
NAME CHAN, WILLIAM
STREET ADDRESS 7911 HASKELL AVE.
CITY-ST-ZIP VAN NUYS CA 91410 ☐ DELETE

TITLE T
NAME SOHL, NICHOLETTE
STREET ADDRESS 6040 BAUDI BLVD
CITY-ST-ZIP COMMERCE CA ☐ DELETE

TITLE CD
NAME WACHNER, LINDA
STREET ADDRESS 90 PARK AVE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D
NAME FINKLESTEIN, WILLIAM S
STREET ADDRESS 382 BRAMBLE LEDGE CIRCLE
CITY-ST-ZIP FAIRFIELD CT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME MORONI, SERGIO
1.3 STREET ADDRESS 90 PARK AVE.
1.4 CITY-ST-ZIP NEW YORK, NY 10016

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME BUCHALTER, STUART D.
2.3 STREET ADDRESS 601 SOUTH FIGUEROA STREET
2.4 CITY-ST-ZIP LOS ANGELES, CA 90017

3.1 TITLE ASSISTANT SECRETARY ☒ Change ☐ Addition
3.2 NAME CHAN, WILLIAM
3.3 STREET ADDRESS 7911 HASKELL AVENUE
3.4 CITY-ST-ZIP VAN NUYS, CA 91406-1909

4.1 TITLE V.P., CFO ☐ Change ☒ Addition
4.2 NAME BERT, FENENGA
4.3 STREET ADDRESS 6040 BANDINI BLVD.
4.4 CITY-ST-ZIP COMMERCE CA 90040

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

Date

(818) 373-4645

Daytime Phone #

CR2E034 (12/95)