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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

420 LINCOLN RD
SUITE 202
MIAMI BEACH FL 33139
US

Mailing Address

420 LINCOLN RD
SUITE 202
MIAMI BEACH FL 33139-3009
US

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1201 N.E. 191 ST.

Suite, Apt. #, etc.

22 SUITE # 303

City & State

23 N. MIAMI, FL.

Zip

24 33179

Country

25 U.S.A.

2a. Mailing Address

26 1602 ALTON ROAD.

Suite, Apt. #, etc.

27 SUITE # 98

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 U.S.A.

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

HEGDE, KISHORE
1200 WEST AVE #1814
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

KISHORE HEGDE

82 Street Address (P.O. Box Number is Not Acceptable)

1201 N.E. 191 ST.

83

SUITE # 303.

84 City

N. MIAMI

FL

85 Zip Code

33179

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

4-23-97.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME HEGDE, KISHORE
STREET ADDRESS 1200 WEST AVE #1814
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME KISHORE HEGDE.
1.3 STREET ADDRESS 1201 N.E. 191 ST. SUITE # 303 -
1.4 CITY-ST-ZIP N. MIAMI, FL 33179.

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Kishore Hegde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KISHORE HEGDE

Date

4-23-97

Daytime Phone

(305) 944-4551

0190192

CR2E034 (9/96)