## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) F51280 **EVERFIT USA CORPORATION** Mailing Address Principal Place of Business 1495 NW 79TH AVENUE 1495 NW 79TH AVENUE MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1981 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 21 **59-2132760** Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Źω Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POIRER, VICTORIA E. 19355 TURNBERRY WAY 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33180** 83 84 City Zip Code FI 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or printed harm of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12 13. DELETE Change Addition UTL€ 1.1 TITLE POIRER, VICTORIA E. NAME 1.2 NAME 19355 TURNBERRY WAY STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 0 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - 7IP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 THLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-7/P DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS 5.4 CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

14. Thereby 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 supplied ental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

, or on an attachment with an address

**FILED**