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 -1 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000002636 (8)

1. Corporation Name
ULTRA-MALE CENTER, INC.

Principal Place of Business
12550 BISCAYNE BLVD
NORTH MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:
4. FEI Number: 65-0479466 — Applied For / Not Applicable

2. Principal Place of Business
21 12000 Biscayne Blvd
22 Suite Apt # etc: #705
23 City & State:
24 Zip: 25 County:

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

5. Certificate of Status Desired [X] — $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

GREENMAN, IRVING
12550 BISCAYNE BLVD
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 12000 Biscayne Blvd #705
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] President 4/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	C D [X] Change [ ] Addition
NAME	LEIGHT, PAUL J	12 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD	13 STREET ADDRESS	12000 Biscayne Blvd
CITY ST ZIP	NORTH MIAMI FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	P D [X] Change [ ] Addition
NAME	GREENMAN, IRVING	22 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD	23 STREET ADDRESS	12000 Biscayne Blvd
CITY ST ZIP	NORTH MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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] President 4/21/95 305-899-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100353 CP