FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K84400 (6)

1. Corporation Name

CENTENNIAL EXPRESS, INC.

Principal Place of Business

1400 N.W. 36TH ST
MIAMI FL 33142
US

Mailing Address

P.O. BOX 420158
1400 N.W. 36TH ST
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1989	3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0119458	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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORANTE, THOMAS F.
SUITE 3750, ONE BISCAYNE TOWER
TWO BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	BARR, ARTHUR	1 NAME	HOWARD GERSHUNY
STREET ADDRESS	17801 NE 33RD PLACE	1 STREET ADDRESS	3412 Manhattan Avenue
CITY-ST-ZIP	NO. MIAMI BCH. FL	1 CITY-ST-ZIP	Manhattan Beach, CA 90266
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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] HOWARD GERSHUNY DIRECTOR — 5/3/95 — 305-633-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

0161760 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **K84589** (6)

1. FITNESS DEPOT INC.

~~1619 SW 107TH AVE~~
MIAMI FL 33165
US

~~1619 SW 107TH AVE.~~
MIAMI FL 33165
US

3. Date Incorporated: 05/02/1989

3a. Date of Last Report: 06/23/1994

4. FEI Number: 65-0016134

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Place of Business: 21 1619 SW 107 Ave; 22; 23 Miami FL; 24 33165; 25 USA

2a. Mailing Address: 26 1619 SW 107 Ave; 27; 28 Miami FL; 29 33165; 30 USA

9. Name and Address of Current Registered Agent

GARROTE, ANGEL
340 E 38TH ST.
~~351 E 49TH ST.~~
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable)
83 1619 SW 107 Ave
84 City Miami FL 85 Zip Code 33165

11. SIGNATURE [signature] 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	DCM
NAME	GARROTE, ANGEL L.
STREET ADDRESS	340 E 38TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	PVT
NAME	GARROTE, ANGEL L.
STREET ADDRESS	340 E 38TH ST
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. SIGNATURE: [signature] 5-1-95 (305) 221-9224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0178867 CP