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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M36100 (9)

1. Corporation Name

PHYSIQUES UNLIMITED INC.



Principal Place of Business

Mailing Address

2310 E ATLANTIC BLVD
POMPANO BEACH FL 33062
US

2310 E ATLANTIC BLVD
POMPANO BEACH FL 33062
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILAN, ORLANDO A. MILAN, ORLANDO A.
429 N. FEDERAL HWY
POMPANO BEACH FL 33062

81 Name

ORLANDO A. MILAN

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

2310 EAST ATLANTIC BLVD

83

FIRST FLOOR

84

City POMPANO BEACH

FL

85

Zip Code 33062

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, if applicable.

ORLANDO A. MILAN

2.20.96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DS	MILAN, ORLANDO A.	2575 S.W. 8 ST.	POMPANO BEACH FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

ORLANDO A. MILAN

2.20.96

Date

946 7867

Daytime Phone #

CR2E034 (12/95)