

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M40644** (0)

1. Corporation Name
MUSCLE FACTORY GYM OF FLORIDA, INC.



Principal Place of Business 4400 S.W. 73RD AVE MIAMI FL 33155	Mailing Address 4400 S.W. 73RD AVE MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7392 SW. 40th Street Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. Zip 24 33155 Country		2a. Mailing Address 26 7392 SW. 40th STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. Zip 29 33155 Country		3. Date Incorporated or Qualified 10/27/1986	
		4. FEI Number 59-2730908		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LLAMAS, GABRIEL
10865 SW 112TH AVE
APT 105
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name ARCA, CAMILO A.
82 Street Address (P.O. Box Number is Not Acceptable) 7310 SW. 104th STREET
83
84 City MIAMI,
85 Zip Code FL 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-24-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME LLAMAS, GABRIEL	
STREET ADDRESS 10865 SW 112TH AVE #105	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME ARCA, CAMILO A.	
13 STREET ADDRESS 7310 SW. 104th STREET	
14 CITY-ST-ZIP MIAMI, FL. 33156	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 a 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:  **CAMILLO ARCA**

4-24-98 (305) 262-1301

CR2E034 (10/97)