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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90255 034 ***150.00

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FILED

DOCUMENT # M40644

1. Corporation Name

MUSCLE FACTORY GYM OF FLORIDA, INC.

Principal Place of Business Mailing Address						
7392 SW 40TH ST 7392 SW 40TH STREET						
		MIAMI FL 33155		DO NOT WRITE IN THIS SPACE		
US US		us			113 SFACE	
		-		3. Date Incorporated or Qualifed		
				10/27/1986 4. FEI Number		lad Far
⊢ – `	Place of Business	2a. Mailing Address			 	lied For
21		26		59-2730908		Applicable
, ,	ot. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Req	
22 - City & S		27				
	lato	City & State		6. Election Campaign Financing	\$5.00 M Added to	· 1
23		28	Country	Trust Fund Contribution		
Zip	Country	Zip	_ •	8. This corporation owes the current year		□No
24	25	29 30	0	Personal Property Tax.		
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered Agent		
ARCA, CAMILO A						
7310 SW 104TH ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156				<u> </u>		
MIAMI FL 33136 83						Ì
			84 City	· · · · · · · · · · · · · · · · · · ·	. 85 Zip Co	ode
			<u> </u>	-	L	·
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						
office o	ir registered agent, or both, in the Stati I am familiar with, and accept the oblig	e of Florida. Such change was auth ations of. Section 607.0505. Florid	iorized by the corpora a Statutes.	ition's board of directors. I hereby accept the ap	pointinent as regi	stered
*						
SIGNATUR	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	LLAMAS, GABRIEL		1.2 NAME			J
STREET ADDRE	ss 10865 SW 112TH AVE #105		1.3 STREET ADDRESS			}
CITY+ST-ZIP	MIAMI FL		1.4 C/TY-ST-ZIP			
TITLE	DVP	☐ DELETE	2.1.TITLE		☐ Change	☐ Addition
NAME	ARCA, CAMILO A		2.2 NAME			
STREET ADDRE	TOAC OW ACATU OTOETT		2.3 STREET ADDRESS			
CITY-ST-ZIP.=	ANAMUEL ANAEA		.2.4 CITY-ST-ZIP	and the same of th		
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME		<u>—</u> , .	3.2 NAME			
1			3.3 STREET ADDRESS			
STREET ADDRE	35					
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP			

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 of 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 attainment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

MLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ DELETE

305) 262-130

☐ Change

☐ Change

Change

Addition

☐ Addition

Addition