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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004925 (4)

1. Corporation Name

CARIBISLES SPORTS CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14-4981  
CORAL GABLES FL 33114-4981

P.O. BOX 14-4981  
CORAL GABLES FL 33114-4981

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1993

4. FEI Number

65-0441174

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	3
NAME	O'BRADY, GAIL	1.2 NAME	GAIL BYER O'BRADY
STREET ADDRESS	2910 CYPRESS AVE.	1.3 STREET ADDRESS	2910 CYPRESS AVE.
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	P	2.1 TITLE	2
NAME	GABRIEL, ALLISON	2.2 NAME	ALLISON GABRIEL
STREET ADDRESS	20173 NW 36TH COURT	2.3 STREET ADDRESS	20173 NW 36TH COURT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	S	3.1 TITLE	3
NAME	DENNY, GRACE	3.2 NAME	NESTER BOBB-BYER
STREET ADDRESS	2500 ALCAZAR DR	3.3 STREET ADDRESS	800 ALCAZAR DR N. 72ND WAY
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VD	4.1 TITLE	PRO
NAME	BEDEAU, RUTH	4.2 NAME	ANNETTA ALEXANDER
STREET ADDRESS	7420 SW 84TH TERRACE	4.3 STREET ADDRESS	5861 NW 16TH PLACE #203
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	SUNRISE, FL
TITLE	D	5.1 TITLE	T
NAME	BYER, SHERRYANN	5.2 NAME	SHERRYANN BYER
STREET ADDRESS	7000 SW 40 ST	5.3 STREET ADDRESS	7000 SW 40 ST
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	MIRAMAR, FL
TITLE	T	6.1 TITLE	WOMAN
NAME	MCBARNETTE, HILARY	6.2 NAME	SHIRLEY BEST
STREET ADDRESS	14500 NW 18TH AVE.	6.3 STREET ADDRESS	6401 SW 20TH STREET APT N
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIRAMAR, FL

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail Byer O'Brady - GAIL BYER O'BRADY 3/20/98 305-441-6276

CR2E037 (10/97)