

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 042 \*\*\*\*61.25

0028706

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000004925**

1. Corporation Name  
**CARIBISLES SPORTS CLUB, INC.**

Principal Place of Business  
 P.O. BOX 14-4981  
 CORAL GABLES FL 33114-4981

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0441174	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
O'BRADY, GAIL L 2910 CYPRESS AVE MIRAMAR FL 33025				81	Name			Allison Gabriel
				82	Street Address (P.O. Box Number is Not Acceptable)			20173 NW 36 COURT
				83				
				84	City	Miami	FL	85

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 ART Gabriel Allison Gabriel 6/7/99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRADY, GAIL B	1.2 NAME	GABRIEL, ALLISON
STREET ADDRESS	2910 CYPRESS AVE.	1.3 STREET ADDRESS	20173 NW 36 CT
CITY-ST-ZIP	MIRAMAR FL 33025	1.4 CITY-ST-ZIP	Miami FL 33086
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	McBarnette Hilary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, ALLISON	2.2 NAME	14600 NW 15th Ave
STREET ADDRESS	20173 NW 36TH COURT	2.3 STREET ADDRESS	Miami FL 33187
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Beadeau Ruth <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYER, NESTER B	3.2 NAME	2420 SW 84th Terr
STREET ADDRESS	800 N 72ND WAY	3.3 STREET ADDRESS	Miramar FL 33025
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Miramar FL 33025
TITLE	PRO <input type="checkbox"/> DELETE	4.1 TITLE	LATSON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ANNETTA	4.2 NAME	O'Brady Coleca
STREET ADDRESS	5861 NW 16TH PLACE #203	4.3 STREET ADDRESS	9031 Andora Drive
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	Miramar FL 33025
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	BYER, Sherry Ann <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYER, SHERRYANN	5.2 NAME	7000 SW 40 ST
STREET ADDRESS	7000 SW 40 ST	5.3 STREET ADDRESS	Miramar FL 33023
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	Miramar FL 33023
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, SHIRLEY	6.2 NAME	Denny Grace
STREET ADDRESS	6401 SW 20TH STREET APT N	6.3 STREET ADDRESS	2500 Alcazar Dr
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	MIRAMAR FL 33023

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, with all other like empowered.

SIGNATURE: ART Gabriel Allison Gabriel 6/7/99 305-628-2211

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

CR2E037 (1/198)