

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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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

10/26/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0441174

Applied For
Not Applicable

22 City & State.

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 Zip Code 33056

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.

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME O'BRADY, GAIL B
STREET ADDRESS 2910 CYPRESS AVE.
CITY-ST-ZIP MIRAMAR FL 33025

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME GABRIEL, ALLISON
1.3 STREET ADDRESS 20173 NW 36 CT
1.4 CITY-ST-ZIP Miami FL 33086.

TITLE D ☐ DELETE
NAME GABRIEL, ALLISON
STREET ADDRESS 20173 NW 36TH COURT
CITY-ST-ZIP MIAMI FL

2.1 TITLE Mcbarnette Hilary ☐ Change ☐ Addition
2.2 NAME 14600 NW 15th Ave.
2.3 STREET ADDRESS Miami FL 33167.
2.4 CITY-ST-ZIP Miami FL

TITLE S ☒ DELETE
NAME BYER, NESTER B
STREET ADDRESS 800 N 72ND WAY
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE Beadeau Ruth ☐ Change ☐ Addition
3.2 NAME 2420 SW 84th Terr.
3.3 STREET ADDRESS Miramar FL 33025
3.4 CITY-ST-ZIP

TITLE PRO ☐ DELETE
NAME ALEXANDER, ANNETTA
STREET ADDRESS 5861 NW 16TH PLACE #203
CITY-ST-ZIP SUNRISE FL

4.1 TITLE LALSON ☐ Change ☐ Addition
4.2 NAME O'Brady Coleen
4.3 STREET ADDRESS 9031 Andora Drive
4.4 CITY-ST-ZIP Miramar FL. 33025

TITLE T ☐ DELETE
NAME BYER, SHERRYANN
STREET ADDRESS 7000 SW 40 ST
CITY-ST-ZIP MIRAMAR FL

5.1 TITLE BYER, Sherry Ann ☐ Change ☐ Addition
5.2 NAME 7000 SW 40 ST
5.3 STREET ADDRESS Miramar FL. 33023
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME BEST, SHIRLEY
STREET ADDRESS 6401 SW 20TH STREET APT N
CITY-ST-ZIP MIRAMAR FL

6.1 TITLE T/S ☐ Change ☐ Addition
6.2 NAME Denny Grace
6.3 STREET ADDRESS 2500 Alcazar Dr
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. REQUIR

6/7/99 305-628-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)