

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:24

DOCUMENT # P93000045689 (5)

1. Corporation Name

FITNESS BY APPOINTMENT, INC.

Principal Place of Business

2601 S.W. 27TH ST.
#5
MIAMI FL

Mailing Address

2125 BISCAYNE BLVD.
#220
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0418916

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

8. This corporation has liability for franchise tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P O BOX 012374

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GARCIA, EUGENIO L
2601 S.W. 27TH ST.
#5
MIAMI FL 33133

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, EUGENIO L
STREET ADDRESS	2601 S.W. 27TH ST. #5
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D
NAME	GARCIA, CARLOS E
STREET ADDRESS	850 N. MIAMI AVENUE #407W
CITY - ST - ZIP	MIAMI FL 33136
TITLE	D
NAME	LAFFITTE, OLGA
STREET ADDRESS	2601 S.W. 27TH ST. #5
CITY - ST - ZIP	MIAMI FL 33136
TITLE	D
NAME	MENDOZA, TERESITA J
STREET ADDRESS	42 N.W. 132ND PLACE
CITY - ST - ZIP	MIAMI FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	D
23 STREET ADDRESS	GARCIA, CARLOS E
24 CITY - ST - ZIP	42 N.W. 132ND PLACE MIAMI FL 33182
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/1/95

(305) 754-7737
(305) 554-5753