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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000080809 (5)

POWERMAX INTERNATIONAL FITNESS EQUIPMENT & GYMS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
201 SOUTH BISCAYNE BOULEVARD 201 SOUTH BISCAYNE BOULEVARD								
SUITE 1402			SUITE 1402				DO HOT HIGHT IN THE SPACE	
MIAMI FL 33131			MIAMI FL 33131				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
6 Principal Di	ace of Business	100 1/	Acilian Address				11/23/1993 4. FEI Number - Applied For	
	ace or Business	├ ─¬	failing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				. CO 75 4-1-111-1	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip				untry	,	8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Register	red Agent		I		10. Name and Address of New Registered Agent	
MAC	CAULAY, ROBERTL B ESQ.				81	Nan	ame	
OLLE, MACAULAY & ZORRILLA, P.A.					82 Street Address (P.O. Box Number is Not Acceptable)			
		102	300	real Address (1.0. Day Marrider is Not Acceptable)				
	S. BISCAYNE BLVD., STE. 140 MIFL 33131	-			83			
					84	City	ty 85 Zip Code	
					104	City	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.	.1508, Florida Statu	utes, the	above	a-nam		
11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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, or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	·							
Signature, typicd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN	ID DIRECTO		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP		☐ DELETE		TITLE		L. Change L. Addition	
NAME	HOFMEIER, RALPH M			1.2	NAME			
STREET ADDRESS	201 SOUTH BISCAYNE BOU	LEVARD, S	SUITE 1402	1.3	STREET	ADDRES	RESS	
CITY-ST-ZIP	MIAMI FL 33131				CITY - S	1 - ZIP		
TITLE	DVPS		☐ DELETE		TITLE		L. Change L. Addition	
NAME	SEIDL, ANDREA			2.2	NAME			
STREET ADDRESS	201 SOUTH BISCAYNE BOU	LEVARD, S	SUITE 1402	2.3	STREET	ADDRES	RESS	
CITY-ST-ZIP	MIAMI FL 33131				CITY-5	ST-ZIP		
TITLE	VP		DELETE		TITLE		Change L. Addition	
NAME	MACAULAY, ROBERT B		A LANGUA A CO.		NAME			
STREET ADDRESS	201 SOUTH BISCAYNE BOU	LEVARD, (SUITE 1402	3.3	STRFET	ADDRES	RESS	
CITY-ST-ZIP	MIAMI FL 33131		— — — — — — — — — — — — — — — — — — —		CITY-S	ST-ZIP		
TITLE			DEL ete		TITLE		L.] Change L. Addition	
NAME					NAME			
STREET ADDRESS				4.3	STREET	ADDRES	RESS	
CITY-ST-ZIP					CITY-S	T-ZIP		
TITLE			DELETE		TITLE		L Change L Addition	
NAME				5.21	NAME			
STREET ADDRESS				5.3	STREET	ADDRES	RESS	
CITY-ST-ZIP					CITY-S	T-ZIP		
TITLE			☐ DELETE	6.1	TITLE		Change Addition	
NAME				6.21	NAME			
STREET ADDRESS				6.3	STREET	ADDRES	HESS	
CITY-ST-ZIP				6.4	CITY - S	T-ZIP		

14. Thereby 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 arnual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.