

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90093 049 \*\*\*150.00

DOCUMENT # P93000080809

1. Corporation Name

POWERMAX INTERNATIONAL FITNESS EQUIPMENT & GYMS,  
INC.

Principal Place of Business

201 SOUTH BISCAYNE BOULEVARD  
SUITE 1402  
MIAMI FL 33131

Mailing Address

201 SOUTH BISCAYNE BOULEVARD  
SUITE 1402  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

4. FEI Number

65-0453975

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1 SE 3 Avenue

Suite, Apt. #, etc.

22 Suite 2200

City & State

23 Miami FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1 SE 3 Avenue

Suite, Apt. #, etc.

27 Suite 2200

City & State

28 Miami FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

MACAULAY, ROBERT L B ESQ.  
OLLE, MACAULAY & ZORRILLA, P.A.  
201 S. BISCAYNE BLVD., STE. 1402  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Mitrani, Rynor, Adamsky, Macaulay, et al.

83

1 SE 3 Avenue, Suite 2200

84

City  
Miami

FL

85 Zip Code  
33131

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

*Robert B. Macaulay*

Robert B. Macaulay

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HOFMEIER, RALPH M  
STREET ADDRESS 201 SOUTH BISCAYNE BOULEVARD, SUITE 1402  
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

TITLE DVPS  
NAME SEIDL, ANDREA  
STREET ADDRESS 201 SOUTH BISCAYNE BOULEVARD, SUITE 1402  
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1 SE 3 Avenue, Suite 2200  
1.4 CITY-ST-ZIP Miami FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1 SE 3 Avenue, Suite 2200  
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP  
3.3 STREET ADDRESS Robert B. Macaulay,  
3.4 CITY-ST-ZIP 1 SE 3 Avenue, Suite 2200  
Miami LF 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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:

*Robert B. Macaulay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Macaulay

4/29/99 305-358-9200

Date

Daytime Phone #

CR2E034 (11/98)