

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

AMENDED APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1996



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

96 MAY 23 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94 000018230

1. Corporation Name

Body USA Gym, Inc.

Principal Place of Business

Mailing Address

12208 SW. 8 st.

12208 SW. 8 st.

Miami - Fl. 33184

Miami - Fl. 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Luis R. Fernandez
474 E. 10 st.
Hialeah - Fl. 33010

3. Date Incorporated or Qualified

03-24-94

3a. Date of Last Report

1996

4. FEI Number

65-0474454

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 intangible tax under S. 199.032,
Florida Statutes

☒

No

10. Name and Address of New Registered Agent

81 Name

Roberto Vila

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

2865 SW. 182 ct.

83

84 City

Miami

FL

85

Zip Code

33125

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

SIGNATURE

Roberto Vila

Roberto Vila - Pres.

5-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Pres. - trans. - Sec.
NAME	Luis R. Fernandez
STREET ADDRESS	474 E. 10 st.
CITY - ST - ZIP	Hialeah - Fl. 33010
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	Pres. - trans. - Sec.	☒ Change ☐ Addition
12 NAME	Roberto Vila	
13 STREET ADDRESS	2865 SW. 182 ct.	
14 CITY - ST - ZIP	Miami - Fl. 33125	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		
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		

600001838986

-05/24/96--01081--005

*****70.00 *****70.00

175/23

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 119.07(3)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Roberto Vila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberto Vila

5-11-96 205-5526817