FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED P9-102 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 96 MAY -1 AM 8: 34 Secretary of State 1996 DIVISION OF CORPORATIONS 1-96 B-SECRETARY OF STATE TALLAHASSEE, FLORIDA . Ne **DOCUMENT #** P94000047792 (4) Corporation Name LORD'S BOXING AND FITNESS CENTER, CORP. Principal Place of Business Mating Address 4054-B WEST 12TH AVENUE 4054-B WEST 12TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0536249 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 \Box Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Flooda Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CERVANTES, NILDA 82 Street Address (P.O. Box Number is Not Acceptable) 10090 NW 80TH COURT STE. 1161 A3 HIALEAH GARDENS FL 33016 84 City Zio 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Section 507.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Section 507.0502 and 607.0505 Florida Statutes

Signature

S DATE dured when reinstating 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE PD DELETE 1 1 1th E Change Addition NAME CERVANTES, NILDA 1.2 NAME 10090 NW 80TH COURT STE. 1161 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH GARDENS FL 33016 CITY - ST - ZIP 1.4 CITY - ST - 2IP 3,111 ST DELETE 2 1 DTc6 Addition NAME BRITO, CARIDAD 2.2 NAME STHEET ADDRESS 7316 W 30 AVE 2.3 STREET ADDRESS HIALEAH FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DEI FTE 3 1 THLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CHY - \$1 - 21P TITLE [] DELETE 4 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CHY-ST-ZIF TITLE DELETE 5 1 TITLE Add tion Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - St - ZiP TITLE DELETE 6 1 70116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S 64 CITY - ST - ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

ROUNT DUE		ATION WILL BE DISS(96: \$225 (IF DISSOLVED,				pg. 20F2
COR	PORATION			B. Mortham		
	IAL REPORT			ry of State		
	1996	COU ST	DIVISION OF C	CORPORATIONS		
OCUN Corporation	MENT # Name	P940000	47792 (4))		
LORD	S BOXING AN	ID FITNESS CENT	ER, CORP.			** **********************************
noinal Place	e of Business		Mailing Address			
,	T 12TH AVENUE	,,	1171 W. 27TH ST.			
HIALEAH FL			HIALEAN FL 33012			
					3. Date Incorporated or Qual fied 06/27/1994	3a. Date of Last Report 05/01/1995
Principal Pl	ace of Business	28	า		4. FEI Number 65-0536249	Applied For Not Applicable
Suite, Apt. i	#, etc.	26	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State)	27	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Žip		ountry 28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees Intangible tax under s 199 032,
	9. Name and A	29 ddress of Current Regi		30	Florida Statutes 10. Name and Address of New Re	Yes No
ī	DLEDO, ROMAN	/ 		81 Name		VANTES
11	171 W. 37TH ST.	•		82 Street Add	tress (P.O. Box Number is Not Acceptate	
HI	IALEAPI FL 33012	2		83	Hipleah	
				84 City	V /V = V	FL 85 Zip Code オラカノ (
Pursuant t	to the provisions of	Sections 607.0502 and i	607,1508, Florida Statute	es, the above-named corp	poration submills this statement for the p	urpose of changing its registered
Onice or C	egistered agent of				inn's board of directors. I bareou accers	
-	m ramiliar with, and	i accept the obligations of	of, Section 907.0505, Flo	irida Statutes.	ion's board of directors. Thereby accep	и иле арроплители аѕ registered
SNATURE	_/u	d name of registered agent and titl	le if applicable (NOT	E. Registered Agent signature requi	ired when reinstating)	DATE
NATURE	_/u	lda	le if applicable (NOT	dan	le ·	DATE
NATURE	Signature Typed or printed PSTD TOLESO, RC	d name of registered agent and titl OFFICERS AND DIRE	te if applicable (NOT	E. Registered Agent signature requirements 13. 11 TIFLE 12 NAME	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
NATURE E Et address	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	te if applicable (NOT	E. Registered Agent signature requirements. 13. 11 TITLE 12 NAME 13 STREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
NATURE E ET ADDRESS -ST-ZIP	Signature Typed or printed PSTD TOLESO, RC	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	te if applicable (NOT	E. Registered Agent signature requirements 13. 11 TIFLE 12 NAME	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
NATURE ET ADDRESS ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (NO) COTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
NATURE E ADDRESS -SI-ZIP E E1 ADDRESS	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (NO) COTORS DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
NATURE E ET ADDRESS -ST-ZIP E1 ADDRESS -ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (NO) COTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
NATURE E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (FNO) CCTORS DELETE DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition
NATURE ET AODRESS ST-ZIP ET AODRESS ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (FNO) CCTORS DELETE DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition
NATURE ET AODRESS ST-ZIP ET AODRESS -ST-ZIP ET AODRESS -ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	us if application (FNO) CCTORS DELETE DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition
NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	Use diapplication (FNO) CCTORS DELETE DELETE DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
NATURE IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	Use diapplication (FNO) CCTORS DELETE DELETE DELETE	E. Registered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE	E. Registered Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Change Addition
E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	Signature Typed or printed PSTD TOLESO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	Use diapplication (FNO) CCTORS DELETE DELETE DELETE	E. Registered Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
E ET ADDRESS -ST-ZIP	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE	E. Registered Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Addition
E E E E E E E E E E E E E E E E E E E	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 51 TITLE 52 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Addition
E ET ADDRESS -ST-ZIP	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE	E. Registred Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 Title 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 Title 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 Title 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Change Addition
E E E E ADDRESS - ST-ZIP E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E T ADDRESS - ST-ZIP E E E E T ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE DELETE	E. Registreed Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 Title 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 Title 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 Title 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME	ired when reinstating)	CRES AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
GNATURE	Signature Typed or printed PSTD TOLEDO, RC 1171 W 471	I name of registered agort and titl OFFICERS AND DIRE OMAN IH ST.	DELETE DELETE DELETE DELETE DELETE	E. Registred Agent signature required. 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 Title 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 Title 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 Title 4 2 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 51 Title 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 Title	ired when reinstating)	CRES AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition

Date: (20) phr at Phone #

SIGNATURE: _______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR