FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 P94000058330 (9) DOCUMENT # T.R. FITNESS, INC. Principal Place of Business Mailing Address 1075 MIAMI GARDENS DR. 1075 MIAMI GARDENS DR. #408 N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 08/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 720 N 65-0578058 21 26 13 Br Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired **७**(\ 22 City & State 8. Election Campaign Financing 28 23 Trust Fund Contribution <u>zib</u>ろ, Country Country 25 Broward Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 81 REGUERA, TATIANA rationa Kagwara Street Address (P.O. Box Number is No 1075 MIAMI GARDENS DR. 82 #408 83 N. MIAMI BEACH FL 33179 City HON 100000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE REGUERA, TATIANA NAME 1.2 NAME 1075 MIAMI GARDENS DR., #408 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL 33179 CITY-ST-ZIP 1. CITY-ST-ZIP DELETE TITLE TITLE

FILED Mar 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No 10. Name and Address of New Registered Agent 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 17 DETER TITLE Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE. TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute. Block 12 or Block 13 if changed, or on an attachment with an address.

xemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an eithis report as required by Chapter 607, Florida Statutes; and that my name appears in

 $1 \sim \Omega_{\Lambda}$

929.5658