FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000073964

1. Corporation Name
Multi-Sport Fitness Programs, Inc.

Principal Place of Business
Dade County, Florida

Mailing Address
1711 W Las Olas Blvd.
Ft. Lauderdale, FL 33312

3. Date Incorporated or Qualified: 10/10/94
3a. Date of Last Report: 11/4/96

2. Principal Place of Business
21 Dade County, Florida
Suite/Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 1211 Venetia Avenue
Suite/Apt. #, etc.
27
City & State
28 Miami, Florida
Zip / Country
29 33134 / 30 USA

4. FEI Number: 650534406 — 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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Svetlana Romanov
1000 Wallace St.
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81 Name: Svetlana Romanov
82 Street Address (P.O. Box Number is Not Acceptable): 1211 Venetia Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 (if applicable) and agree to accept the obligations of that position under 607.0505, Florida Statutes.

SIGNATURE: Svetlana Romanov — Secretary/Treasurer — 1/16/97
(NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☑ DELETE
NAME	Sherwin Drobner	
STREET ADDRESS	1711 W Las Olas Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☑ Change ☐ Addition
1.2 NAME	Cyle Sage	
1.3 STREET ADDRESS	1211 Venetia Ave.	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	Director	☐ Change ☑ Addition
2.2 NAME	Dr. Nicholas Romanov	
2.3 STREET ADDRESS	1211 Venetia Ave.	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	Secretary/Treasurer	☐ Change ☑ Addition
3.2 NAME	Svetlana Romanov	
3.3 STREET ADDRESS	1211 Venetia Ave	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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	800002065648	
5.3 STREET ADDRESS	-01/23/97--01010--041	
5.4 CITY-ST-ZIP	***165.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I declare to 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.

SIGNATURE: Cyle Sage — 1/16/97 — 305 461 8683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #