

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088527 (4)

1. Corporation Name

AVANTI HEALTH & FITNESS CORPORATION



Principal Place of Business

1221 BRICKELL AVE
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE
MIAMI FL 33131

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

SAXON, BARBRA F
1221 BRICKELL AVE
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

06/29/1995

4. FEI Number

65-0543718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent or new registered agent

(NOTE: Registered Agent Signature required when appointing new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAXON, BARBRA F.
2000 TOWERS IDE TERRACE
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOLTZ, ABEL
9999 COLLINS AVENUE, #PH38
BAL HARBOUR FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LARSEN, ANDREA
1470 N.E. 123RD STREET
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VLLMAN, MICHAEL
115 NORTHWEST 167TH STREET
MIAMI FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
VELASQUEZ, JOHN
1221 BRICKELL AVENUE
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
SAXON, BARBRA F.
2000 TOWERSIDE TERRACE
MIAMI, FLORIDA 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SD
ULLMAN, MICHAEL
115 NORTHWEST 167th STREET
NORTH MIAMI, FLORIDA

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
V
JACK QUANSTROM
2000 TOWERSIDE TERRACE
MIAMI, FLORIDA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96 (305) 372-1922

Date

Signature Printed Name

CR2E034 (12/95)