## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 24 1997 8:00am Secretary of State

1997

DOCUMENT # P95000015392 (0)

Principal Place of Business Mailing Address  801 W. 49TH ST.  SUITE 105  HIALEAH FL 33012  BODY ALIVE HEALTH & FITNESS PRODUCTS CORP.  Mailing Address  801 W. 49TH ST.  SUITE 105  HIALEAH FL 33012-3555				3. Date Incorporated or Qualified 02/23/1995 3a. Date of Last Report 07/02/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0588401	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> (p	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24	9. Name and Address of Currer		[30]	10. Name and Address of New Ro	
ALIC	CIA, MARIA		81 Name		
801 SUN	W 49TH ST, 105 TE 105 LEAH FL 3	÷	82 Street Ad	ddress (P.O. Box Number is Not Accepta	ble)
			84 City		FL 85 Zip Code
SIGNATURE	Styrator hypeologica to caur of regularid age	not and tile Tappicable. (NO	Orida Statutes.  E. Registered Agent signature re	orporation submits this statement for the oration's board of directors. I hereby acce equired when re-instating)  ADDITIONS/CHANGES TO OFFI	OATE
10 LE	CHITERDET/HODGE OFORGE	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS OFTY-ST-ZIP	GUTIERREZ(JORGE), GEORGE 801 W. 49TH ST. #105 HIALEAH FL 33012	•	1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		
Tift;F	С	☐ DELETE	21 7171 5		Change Addition
NAME	ALICIA, MARIA		2.2 NAME	ALICEA MARIA TO W 49TH STREET.	
STREET ADDRESS	801 W 49TH ST 105		2 3 STREET ADDRESS	FOI W 49TH STREET.	Suite # 10V"
City-St-7iP	HIALEAH FL 33012		2 4 CITY - ST - ZIP	Yinheah Florion	33012
T TLE	V MOOLANT MOOLATI	DELETE	3.1 TITLE	•	Change Addition
NAME	LECOLANT, MICHAEL		3 2 NAME		
STREET ADORESS	801 W 49TH ST 105 HIALEAH FL 33012		3.3 STREET ADDRESS		
CITY-SI-7/P	TIALEAT FE 33012	DELETE	3.4. CITY - ST - ZIP		Observe Addition
NAME		[] OLLCIC	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY - ST - ZIP		
1-TLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CDY-S1-2IF			5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		•

14. I do hereby certily 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 suppliemental 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 12 or Block 23 if changed, or on attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOL

1/11/97 (305)821-9553 Dayting Proper