

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 # P95000059184 (8)

1. Corporation Name

WEIGHTLESS CENTER, INC.

Principal Place of Business

1380 EAST 4TH AVENUE
HIALEAH FL 33010

Mailing Address

1380 EAST 4TH AVENUE
HIALEAH FL 33010



3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

N/A

26

N/A

4. FEI Number

65-0594935

Applied For

Not Applicable

22

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

N/A

City & State

N/A

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

N/A

Country

29

Zip

N/A

Country

N/A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINEZ-FRIAS, DILCIA
1380 EAST 4TH AVENUE
HIALEAH FL 33010

81 Name

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

83

84 City

N/A

FL

85 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.

SIGNATURE

N/A

Signature typed or printed name of registered agent, if not applicable

Signature typed or printed name of new registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OWNER-ADMINISTRATOR ☐ DELETE

NAME DILCIA MARINEZ-FRIAS

STREET ADDRESS 11860 SW 18 TERRACE #100

CITY-ST-ZIP MIAMI-FL 33175

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

(305) 863-0774

CR2E034 (12/95)