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

PROFIT CORPORATION ANNUAL REPORT

1997

1

STREET ADDRESS



FLORIDA DEPARIMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080697 (2)

UNIVERSAL GYMNASTICS TRAINING CENTER, INC.

Principal Plac	e of Brisiness	Mailing Address				
14221 SW 142ND STREET MIAMI FL 33186		14221 SW 142ND STREET Miami Fl 33186-6702 US				
US		US		3. Date Incorporated or Qualified 10/20/1995	3a. Date of Last Report 08/07/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		NOT APPLICABLE	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25]	Pagistared Assault	30]		Yes No	
9. Name and Address of Current Registered Agent ALVADOT VIN E 81 Name —				omo	10. Name and Address of New Registered Agent	
	AREZ, YIN E			lania D. Garcia		
	01 S.W. 108 AVENUE #C-148		82 St	reet Address (P.O. Box Number is Not Accept	able)	
j MIA	MI FL 33176		83	14221 SW 142 st		
:						
j	_		84 Cit	^{iy} Miami	FL 85 Zip Code 33186	
11. Pursuant	to the provisions of Sections 607/502	and-607 1508 Florida Statu	les the above-nar	med corporation submits this statement for the	p purpose of changing its registered	
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 location of locations as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I ampliantly of accept the obligations of Section 607,0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agen	I and lit of applicable (NO	E: Registered Agent sig	y ature required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	VP .	☐ DELETE	1.1 THLE		Change Addition	
NAME	GARCIA, TANIA D.		1.2 NAME			
STREET ADDRESS	13050 SAN MATEO STREET		1.3 STREET ADDR	HESS		
CITY-ST-ZIP	CORAL GABLES FL 33156		1.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition	
NAME	GARCIA, ENRIQUE E.		2.2 NAME			
STREET ADDRESS	13050 SAN MATEO STREET		2.3 STREET ADDR	€SS		
CITY-ST-ZIP	CORAL GABLES FL 33158		2. 4 CITY - ST - ZIF	P		
TITLE	PTD	DELETE	3.1 THLE		Change Addition	
NAME	ALVAREZ, YIN E		3.2 NAME			
STREET ADDRESS	10401 S.W. 108 AVENUE #C-1	48	3.3 STREET ADDR	RESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY - S1 - ZIP	>		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP			
TITLE		☐ DELETE	511DLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDR	IFSS		
CITY-\$T-ZIP			5.4 CHY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	

6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this annual report or supply nental 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 of the ecciver of 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 changes of an attachner with an address.