

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028985 (5)

1. Corporation Name

BODY FITNESS PRODUCTS, INC.



Principal Place of Business

3200 N.W. 110TH ST.
MIAMI FL 33167

Mailing Address

3200 N.W. 110TH ST.
MIAMI FL 33167-3718

3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Citicenter- 290 N.W.165 ST

2a. Mailing Address

26 Citicenter- 290 N.W. 165 ST

4. FEI Number

65-0657920

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 750

Suite, Apt. #, etc.

27 SUITE 750

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip Country
24 33169 25 U.S.A.

Zip Country
29 33169 30 U.S.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

SALAMA, LEA A
888 S.E. THIRD AVE., STE. 400
FT. LAUDERDALE FL 33316

81 Name

ALBERTO M. SALAMA T.

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

401 HOLIDAY DRIVE

83

84 City

HALLANDALE

FL

85

Zip Code
33009

11. Pursuant to the provisions of Sections 607.011 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME ELIAS M. SALAMA T.
STREET ADDRESS 3802 N.E. 207 ST. TH # 7
CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE VICE PRESIDENT ☐ DELETE

NAME JOSEPH BENSABAT
STREET ADDRESS 3801 N.E. 207 ST. #801
CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE TREASURER ☐ DELETE

NAME SAMUEL M. SALAMA T.
STREET ADDRESS 3802 N.E. 207 ST. #1702
CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE SECRETARY ☐ DELETE

NAME ALBERTO M. SALAMA T.
STREET ADDRESS 401 HOLIDAY DRIVE
CITY-ST-ZIP HALLANDALE, FLA. 33009

TITLE DIRECTOR ☐ DELETE

NAME LUIS VANEGAS
STREET ADDRESS 6830 S.W. 94 CT.
CITY-ST-ZIP MIAMI, FLORIDA, 33173

TITLE DIRECTOR ☐ DELETE

NAME JAIME ORTEGA
STREET ADDRESS 1235 N.E. 95 ST.
CITY-ST-ZIP MIAMI SHORES, FLA. 33138

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

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

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

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. 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

04-21-97 (205) 9570060

CR2E034 (9/96)