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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028985 (5)

1. Corporation Name

BODY FITNESS PRODUCTS, INC.

Principal Place of Business

CITICENTER-200 NW 185 ST
SUITE 750
MIAMI FL 33169
US

Mailing Address

CITICENTER-200 NW 185 ST
SUITE 750
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

65-0657920

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 11000 N.W. 32 AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33167

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

~~ALBERTO M. SALAMA T.~~
~~401 HOLIDAY DR~~
~~HALLANDALE FL 33000~~

10. Name and Address of New Registered Agent

81 Name

ALBERTO M. SALAMA T.

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

11000 N.W. 32 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33167

11. Pursuant to the provisions of Sections 607.0504 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 and title if applicable

ALBERTO M. SALAMA T. 04/06/98 TRESURER

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS SALAMA T, ELIAS M
CITY-ST-ZIP 3802 NE 207 ST. TH #7
AVENTURA FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS BENSABAT, JOSEPH
CITY-ST-ZIP 3801 NE 207 ST #801
AVENTURA FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS SALAMA T, SAMUEL M
CITY-ST-ZIP 3802 NE 207 ST #1702
AVENTURA FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS SALAMA T, ALBERTO M
CITY-ST-ZIP 401 HOLIDAY DR
HALLANDALE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS VANEGAS, LUIS
CITY-ST-ZIP 6830 SW 94 CT
MIAMI FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS GREGG, JANE
CITY-ST-ZIP 1205 NE 181 ST
MIAMI GARDENS FL

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 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

ELIAS SALAMA T. PRESIDENT 04/06/98 (305) 957-0060

Date

Daytime Phone # 0645992

CR2E034 (10/97)