PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris ...

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028985 1. Corporation Name

BODY FITNESS PRODUCTS, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90194 038 ***158.75



| Principal Place | e of Business | Mailing Address | | | |
|--|---|--|--|--|--|
| 11000 N.W. 32 | AVE | CITICENTER-290 NW 165 ST | | | |
| MIAMI FL 33167 | 7 | SUITE 750 | | | DO NOT WRITE IN THIS SPACE |
| บร | | MIAMI FL 33169 | | | |
| | | U\$ | | | 3. Date Incorporated or Qualifed |
| | | | | | 04/01/1996 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | ال 10 | A1/C1 | 4. FEI Number Applied For |
| 21 | | 26 11000 N.W. 3 | Zna. | . AVEN | 00 0001020 |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5-Certificate of Status Desired XX \$8.75 Additional |
| 22 | | 27 | , | | Fee Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | MIAMI, FLORID | IA | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Cour | - | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 33167 3 | o [| DADE | Personal Property Tax. Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registered Agent |
| | | | | 81 Nam | ime |
| ALBI | ERTO, M.S.T | | } | 82 Street | reet Address (P.O. Box Number is Not Acceptable) |
| 1100 | 00 N.W. 32 AVE | | | 02 300 | eet Address (1.0. box Hamber is Not Acceptable) |
| MIAN | MI FL 33167 | | ţ | 83 | |
| | | | į | <u> </u> | |
| | | | } | 84 City | FL 85 Zip Code |
| 44 0 | to the reminister of Continue 607 05 | 02 and 607 1509 Florida Statutes | the alt | L | med corporation submits this statement for the purpose of changing its registered |
| office or n | enistered agent, or both, in the State | e of Florida. Such change was aut | norizea | i by the co | corporation's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, Florid | ia Statu | utes. | |
| SIGNATURE | | | | | |
| | | ANOTE O | | Annah di maka | DATE |
| | Signature, typed or printed name of registered age | | _ | Agent signatu | ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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14. I hereby certify that the information supplied with this filling 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 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

REALBERTO IMID SALAMA T. V.P. SECRETARY