

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90194 038 ***158.75

DOCUMENT # P96000028985

1. Corporation Name

BODY FITNESS PRODUCTS, INC.

Principal Place of Business

Mailing Address

11000 N.W. 32 AVE
MIAMI FL 33167
US

CITICENTER-290 NW 165 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 ☒ XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

11000 N.W. 32nd. AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

MIAMI, FLORIDA

23

Zip

Country

28

Zip

Country

24

25

29

33167

30

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERTO, M S T
11000 N.W. 32 AVE
MIAMI FL 33167

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
STREET ADDRESS X VANEAS X MNS
CITY-ST-ZIP 8300 SW 84 ST
MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: REALBERTO M SALAMA T. V.P. SECRETARY 04/20/99 (305)953-7802

CR2E034 (1/98)