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1997 JUL 31 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **996000051759**  
1. Corporation Name  
**WORLD OF FITNESS INC.**

Principal Place of Business Mailing Address

**13667 SW 26ST.  
MIAMI, FL. 33175**

**SAME**

3. Date Incorporated or Qualified **6-18-96** 3a. Date of Last Report **6**

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip 29 Country	4. FEI Number <b>65-0685742</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MARCIA B CABALLERO  
2450 SW 137TH AVE. SUITE 221  
MIAMI FL. 33175**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICARDO DABALSA</b>	1.2 NAME	
STREET ADDRESS	<b>13291 SW 39 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL. 33175</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRES.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSE A. BARGUM</b>	2.2 NAME	
STREET ADDRESS	<b>8801 NW 108 ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI GARDENS FL. 33016</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **RICARDO DABALSA**  
**PRESIDENT**

**7-18-97 (305) 559-7050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)

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**WORLD OF FITNESS**

13669 SW 26 ST ~ Miami, FL 33175  
Phone 305-559-7050 ~ Fax 305-262-7316

Florida dept of state  
Division of reports section  
P.O box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Due to not receiving a profit corporation annual report in the mail and the fact we are a new business in experienced in such matter we asked if the penalty can be waived. Enclosed is a check for \$165.00 dollars we strongly appreciate it.

Thank you

Yours truly,   
Rick Dabalsa