1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051759

1. Corporation Name

WORLD OF FITNESS, INC.

Principal Place of Business

Mailing Address

## FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90025 009 \*\*\*150.00



13667 SW 26TH MIAMI FL 33175		13667 SW 26TH ST MIAMI FL 33175						
	•	•				DO NOT WRITE IN	THIS SPACE	
						3_Date Incorporated or Qualifed_		-
						06/18/1996	<del></del> ,	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			65-0685742		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	5 Additional
22		27	27			3. Continued of Guida 2001100	Fee	Required
City & State City & State						6. Election Campaign Financing	7	00 May Be
23		28	<u>.</u>			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25 29 30		30	Total Control Control		Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		94		10. Name and Address of New Regist	ered Agent	
040	411 EDO 144 DOIA D			81	Name			
CABALLERO, MARCIA B			l	82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
	SW 137TH ST SUITE 221			$\sqcup$				
MAIM	MI FL 33175		ļ	83				
				84	City		FL 85 2	ip Code
agent. I a	m familiar with, and accept the obli	gations of, Section 507.0505, Flor	ida Stati	utes.		n's board of directors. I hereby accept the	TE	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				☐ Chan	ge 🔲 Addition
NAME	DABALSA, RICARDO		1.2 NA	ME				1
STREET ADDRESS	1		1.3 STI	REETAL	DDRESS	•		1
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-S		ZIP			
TITLE	٧	☐ DELETE	2.1 TITLE				☐ Chan	nge
NAME -	BARQUIN, JOSE A		= 22 NA	ME	*			
STREET ADDRESS	0004 504 4007 07		2.3 ST	REET A	DORESS			
CITY-ST-ZIP			2. 4 CI	ΠΥ∙\$ <u>Τ∙</u>	ZIP			
TITLE	☐ DELETE 3.11		3.1 T(T	TLE			Chan	ge Addition
NAME	•		3.2 NA	AME.			•	
STREET ADDRESS			. 3.3 ST	REETA	DDRESS			. }
CITY-ST-ZIP	<u></u>		3.4. CI	ITY-ST-	ZIP			
TITLE		□ DELETE	4.1 117	TLE			☐ Chan	ige 🗌 Addition
NAME			4. 2 N/	AME				
STREET ADDRESS			4.3 ST	REETA	DDRESS			ļ
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TITLE		C] DELETE	5.1 TII	TLE	, ,	· · · · · · · · · · · · · · · · · · ·	Chan	nge
NAME			5.2 NA	AME	ĺ			
STREET ADDRESS			5.3 ST	REETA	DORESS			
CITY-ST-ZIP				TY-ST-Z	ZIP			
TITLE	,	☐ DELETE	6.1 ज्ञा	TLE .			Char	nge
NAME			6.2 NA	AME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS