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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000052967

1. Corporation Name

AFFORDABLE HEALTH AND FITNESS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 83656
MIAMI FL 33183

Mailing Address

P.O. BOX 83656
MIAMI FL 33283

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

65-0725436

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 the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

ECCLES, ERIC
12725 SW 112 TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

8623 SW 137 AVE

83

84 City

MIAMI

FL

85 Zip Code

33183

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

DELETE

TITLE
P
NAME
ECCLES, ISABEL
STREET ADDRESS
12725 SW 112 TERRACE
CITY-ST-ZIP
MIAMI FL 33186

TITLE
V
NAME
TAVIE, ISABEL
STREET ADDRESS
12725 SW 112 TERRACE
CITY-ST-ZIP
MIAMI FL 33186

TITLE
PRESIDENT
NAME
ERIC ECCLES
STREET ADDRESS
8623 SW 137 AVE
CITY-ST-ZIP
MIAMI FL 33183

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ISABEL ECCLES

8623 SW 137 AVE

MIAMI, FL 33183

VICE PRESIDENT

PRESIDENT

ERIC ECCLES

8623 SW 137 AVE

MIAMI, FL 33183

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 1.2 or Block 1.3 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 #

1/5/99

(305) 385-2432

CR2E034 (11/98)