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Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055613 (9)

1. Corporation Name

LIFESTYLES INTERNATIONAL CLUB, INC.

Principal Place of Business

169 E. FLAGLER ST.
SUITE 1527
MIAMI FL 33131

Mailing Address

169 E. FLAGLER ST.
SUITE 1527
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

65-0691942

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY D
169 E. FLAGLER ST.
SUITE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 of application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/VP
NAME	BOHORQUEZ, LUIS F	1.2 NAME	Bohorquez, Fernando R.
STREET ADDRESS	169 E. FLAGLER ST., STE 1527	1.3 STREET ADDRESS	169 E. Flagler ST., STE 1527
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	DS	2.1 TITLE	D/T
NAME	BOHORQUEZ, MARLENE A	2.2 NAME	Bohorquez, Renzo
STREET ADDRESS	169 E. FLAGLER ST., STE 1527	2.3 STREET ADDRESS	169 E. Flagler ST., STE 1527
CITY - ST - ZIP	MIAMI FL 33131	2.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	D	3.1 TITLE	
NAME	BOHORQUEZ, CARIME M	3.2 NAME	
STREET ADDRESS	169 E. FLAGLER ST., STE 1527	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Luis F. Bohorquez

Luis F. Bohorquez 4-2-98 (305)381-9188

CR2E034 (10/97)