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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90040 035 ***150.00

DOCUMENT # P96000055613

. Corporation Name

LIFESTYLES INTERNATIONAL CLUB, INC.										
Principal Place	of Pusineer	Mailing Address			==	- 1 10041 Dit 112 tollo bittle ballit der				٠.
Principal Place of Business Mailing Address 169 E. FLAGLER ST. 169 E. FLAGLER ST. SUITE 1527 SUITE 1527 MIAMI FL 33131 MIAMI FL 33131					İ	DO NOT WRIT	E IN THIS 5	PACE		}
						06/28/1996 4. FEI Number		11.	oplied For	1
2. Principal Place of Business 21 1221 BRICKELL AUE 28 1221 BRICKELL AUE 128 1221 BRICKELL			إيلاه	<u> </u>	408	- 65-0691942		_ N₁	ot Applicable	1
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 Suite Suite & Su			90	9		5. Certificate of Status Desired	□ ·	\$8.75 Fee R	Additional equired	
City & State - City & State -			R			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
	Country	Zip 1 =	Country			8 This corporation owes the curre	nt vear Intai			1
Zip 24 -3.3 1.3 -1	25	33131-31	¬ `			Personal Property Tex				1
25) 5	9. Name and Address of Current	1	·)			10. Name and Address of New R	egistered A	gent]
-	g		81	Name				· •		1
THO	MPSON, DISNEY D		ļ <u>.</u>	G1	1-1-0-	ID O Boy Mumber is Not Accepta	ala)			{
169 E. FLAGLER ST.			82	Street Ac	oores	ss (P.O. Box Number is Not Acceptal	344)	·•.		
SUITE 1527			83						•	}
MIAN	A) FL 33131							Tabl 7:a	<u> </u>	₹
)			84				FL	\\ `	Code	1
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statutes,	the abov	e-named co	orpor	ation submits this statement for the	urpose of c	hanging its	registered	
agent. Las	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.	00011	a popular di company de la propi	uno apperen			ļ
SIGNATURE										1
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registere				nt signeture req	rand a	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	1PS IN 12	1 8
12.		DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition	190/17
TITLE	DP DP		1.2 NAME	ļ						1 -
NAME	BOHORQUEZ, LUIS F	İ		TADDRESS				•		F134
STREET ADDRESS	169 E. FLAGLER ST., STE 1527			Į.				•		i i
CITY-ST-ZIP				1.4 CITY-\$T-ZIP				Change	☐ Addition	Ĉ
'-	D - 1		22 NAME	ļ					-	1
NAME	BOTTOTIGOEZ, INVICEINE N			TADORESS				•		1
STREET ADDRESS	100 2-10 10221-014 072 102		2.4 CITY-	1				,	•	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	3.1 TITLE	31-21				Change	☐ Addition	1
NAME	DOUGDOINET CARRIED M	_ 52.5.2	3.7 MAME	Ţ				_ •	_	1
STREET ADDRESS	BOHORQUEZ, CARIME M			T ADDRESS						i
	169 E. Flagler St., Ste 1527 Miami Fl 33131		3.4 CITY-5	ı						
CITY-ST-ZIP	DVP	- DELETE -	4.1.TITLE:					Change	Madubon	l
NAME	BOHORQUEZ, FERNANDÓ R.		4.2 NAME							
STREET ADDRESS	169 E. FLAGLER ST., SUITE 15	07		T ADDRESS						1
CITY-ST-ZIP										l
	· · · · · · · · · · · · · · · · · · ·	21	4.4 CITY-5	3T-ZIP 1						1
TITLE	MIAMI FL 33131	OELETE	4.4 CITY-S 51 TITLE	ST-ZIP				Change	☐ Addition	1
	MIAMI FL 33131 DT			ST-ZIP		· ·		Change	Addition	1
TITLE	MIAMI FL 33131 DT BOHORQUEZ, RENZO	☐ DELETE	51 TITLE 5,2 NAME	T ADDRESS			· .	Change	Addition	
NAME STREET ADDRESS	MIAMI FL 33131 DT BOHORQUEZ, RENZO 169 E. FLAGLER ST. , STE 152	☐ DELETE	51 TITLE 5,2 NAME	TADORESS				Change	Addition	
TITLE NAME	MIAMI FL 33131 DT BOHORQUEZ, RENZO	☐ DELETE	51 TITLE 52 NAME 53 STREE	TADORESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33131 DT BOHORQUEZ, RENZO 169 E. FLAGLER ST. , STE 152	OELETE	51 TITLE 52 NAME 53 STREE 54 CITY-9	TADORESS				Ţ. ·	\ \ 	

14. I heraby centify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

RENZO BOHORQUEZ

3/30/99 305-3729292

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