FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P97000100820 (4)

FILED Mar 18 1998 8:00am Secretary of State

THORC	DUGHBRED GYM CO	DRP.				### ##################################
Principal Place	e of Business	Mailing Address				0111 01101 10110 HPH 101 4 701 4
975 EAST 49TH STREET 975 EAST 49TH STREET						
HIALEAH FL 33013 HIALEAH FL 33013			-			
					DO NOT WRITE IN THE	SPACE
					3. Date Incorporated or Qualified	. [
2. Principal P	lace of Business	2a. Mailing Address			12/01/1997 4. FEI Number	Applied For
21 371		26			65-0796527	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 # 3 27					5. Certificate of Status Desired	Fee Required
City & State City & State 23 4; ALBAH, FLA. 33013 28					6. Election Campaign Financing	\$5.00 May Be
					Trust Fund Contribution	Added to Fees
≂ ^{Zip} 22	Country 25 DA	26 Zip	Cou	ntry	8. This corporation owes or has paid the c	
24 33	1-4 47	of Current Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
AM	IERILAWYER			81 Name	10. Harry and House of How Hogisters	
	S ALMERIA AVENUE		ļ			
	PRAL GABLES FL 33134			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
-	INC CADECO IE CO 104		•	83		
			1	44 80		
				84 City	F	85 Zip Code
11. Pursuant office or re	to the provisions of Sections egistered agent, or both, in	s 607.0502 and 607.1508, Florida Statu the State of Florida, Such change was	ites, the at	ove-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose ration's board of directors.	of changing its registered
agent. I a	m familiar with, and accept	the obligations of, Section 607.0505, F	lorida Stati	ites.		
SIGNATORE	Signature, typed or printed name of re		TE: Registered	Agent signature rec	quired when reinstating) DATE	
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PSTD	☐ DELETE	1.1 10	- 1		Change Addition
NAME	PACHECO, NELDO 375 EAST 49TH STR	EET	1.2 NA			[5
STREET ADDRESS	HIALEAH FL 33013	ICC I		REET ADDRESS		Į
CITY-ST-ZIP	VD	DELETE	2.1 TiT	Y-ST-ZIP		Change Addition
NAME	BAGOS, ANGEL J		2.2 NA	· 1		
STREET ADORESS	375 EAST 49TH STR	EET .		REET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013			TY-ST-ZIP		
TITLE		DELETE	3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP		
TITLE	-	DELETE	4.1 111	LE		☐ Change ☐ Addition
NAME			4. 2 N/	ME		Ì
STREET ADDRESS			4.3 ST	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		LL DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	Į.		
STREET ADDRESS				REET ADORESS		Į.
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP		Change Addition
NAME }		- vitelt	6.1 III	i		
STREET ADDRESS				ME REET ADDRESS		1
City-St-ZIP				Y-ST-ZIP		\ \frac{1}{2}
14. I hereby c	certify that the information si	upplied with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the Information
indicated officer or e Block 12 c	on this annual report or sup director of the corporation of or Block 13 if changed, or o	pplemental arinual report is true and ac or the receiver or trustee empowered to on an attachment with an address	curate and execute t	that my signa is report as re	ture shall have the same legal effect as if made of equired by Chapter 607 Florida Statutes; and that	inder oath; that I am an t my name appears in

SIGNATURE: // ALL 191 10