

FILED

Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90152 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024827

1. Corporation Name
PYRAMID PERFORMANCE, INC.Principal Place of Business
8205 S.W. 178TH TERRACE
MIAMI FL 33157
Mailing Address
8205 S.W. 178TH TERRACE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

2. Principal Place of Business

21 14526 S.W. 142nd PL Cir.
Suite, Apt. #, etc

2a. Mailing Address

26 14526 S.W. 142nd PL Cir.
Suite, Apt. #, etc

4. FEI Number

65-0826800

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

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 3386

Country

25 Dade

Zip

29 3386

Country

30 Dade

9. Name and Address of Current Registered Agent

TEITEL, SUSAN
8205 S.W. 178TH TERRACE
MIAMI FL 33157

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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETENAME
TEITEL, SUSAN
STREET ADDRESS
8205 S.W. 178TH TERRACE
CITY-ST-ZIP
MIAMI FL 3315712 NAME ☐ DELETE

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE ☐ DELETE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ DELETE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ DELETE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ DELETE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ DELETE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ DELETE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE ☐ DELETE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE ☐ DELETE

44 NAME

45 STREET ADDRESS

46 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition11 TITLE
12 NAME
13 STREET ADDRESS 14526 S.W. 142nd Place Cir.
14 CITY-ST-ZIP15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 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

SIGNATURE: Susan Teitel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/10/99 305/234-8531
Date Date-time Phone #

CR2E034 (1/98)