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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030128

1. Corporation Name

MIAMI YOGA, INC.

Principal Place of Business	Mailing Address			
3545 n.e. 166 street Suite 705 North Miami Beach FL 33160	3545 N.E. 166 STREET SUITE 705 NORTH MIAMI BEACH FL 33160			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Suite, Apt. #, etc.				
21 Suite, Apt. #, etc. 22 City & State	Suite, Apt. #, etc.			

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 012 ***150.00



NORTH MIAMI BEACH FL 33160		NORTH MIAMI BEACH FL 33160		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed		
					04/02/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	-		650827493	- No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Ir	ntangible	~/
24	25	29	30	_	Personal Property Tax.		ØN₀.
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	i Agent	
545	nen neten II		81	Name			
	BER, PETER H		82	Street	Address (P.O. Box Number is Not Acceptable)		
	5 N.E. 166 STREET				,		
	TE 705		83	3			
NUH	RTH MIAMI BEACH FL 33160		84	City	FI	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607.05	602 and 607.1508. Florida Statu	tes, the abov	_l /e-named	corporation submits this statement for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	authorized by	/ the corp	oration's board of directors. I hereby accept the appo	ointment as req	gistered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Fi	onda Statute	5.			
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NOT	F: Registered Age	ent signature i	required when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE		☐ DELETE	1.1 TITLE		PRESIDENT	Change	Addition
NAME			1.2 NAME		1		
STREET ADDRESS			13 STREE	T ADDRESS	3546 NE 166 MST. #705		
CITY-ST-ZIP			1.4 CITY-		WMAN BEACH FO	33/60	
TITLE		☐ DELETE	2.1 TITLE		RETER H. BAKBER 3546 VE /CLMST., #705 W. MIAMI BEACH, FL	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS		·		T ADDRESS			
CITY-ST-ZIP			2, 4 CITY-				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	_		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			Change	☐ Addition
1	1				1		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP