


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90150 030 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000039766**

1. Corporation Name

**STRENGTH AND FITNESS 2000, INC.**

Principal Place of Business

 4726 SW 67 AVE  
 #F11  
 MIAMI FL 33155

Mailing Address

 4726 SW 67 AVE  
 #F11  
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

# 65-0836197

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

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 4702 SW 67 Ave #02	26 4702 SW 67 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 02	27 #02
City & State	City & State
23 Miami FL	28 Miami FL
Zip Country	Zip Country
24 33155 25 USA	29 33155 30 USA

9. Name and Address of Current Registered Agent

 FARIAS, SILVANDIRA  
 4726 SW 67 AVE  
 #F11  
 MIAMI FL 33155

81 Name

Silvia Farias

82 Street Address (P.O. Box Number is Not Acceptable)

4702 S.W. 67 Ave #02

83

84 City

Miami

FL

85 Zip Code

33155

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 Silvia Farias

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	STREET ADDRESS
		1.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	STREET ADDRESS
		2.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	STREET ADDRESS
		3.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	STREET ADDRESS
		4.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	STREET ADDRESS
		5.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	STREET ADDRESS
		6.4 CITY-ST-ZIP	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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(305) 666-6634

Daytime Phone #

CR2E034 (1/98)