

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90073 015 \*\*\*150.00

0195426

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000088666**

1. Corporation Name  
**TRAINING CAMP (U.S.A.), INC.**

Principal Place of Business  
269 GIRALDA AVENUE  
SUITE 203  
CORAL GABLES FL 33134

Mailing Address  
269 GIRALDA AVENUE  
SUITE 203  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/16/1998**

4. FEI Number

**65-0873873**

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

2. Principal Place of Business

21 **14718 SW 44th LANE**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33185**

Country

2a. Mailing Address

26 **20401 NW 2nd AVE.**

Suite, Apt. #, etc.

27 **300**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33169**

Country

30

9. Name and Address of Current Registered Agent

**FILINGS, INC.**  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

**MICHAEL LEWIS**

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

**14718 SW 44th LANE**

83

84 City **MIAMI**

FL

85 Zip Code  
**33185**

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

**MICHAEL LEWIS, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LEWIS, MICHAEL**  
STREET ADDRESS **14718 S.W. 44TH LANE**  
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ DELETE  
NAME **LEWIS, SUSAN**  
STREET ADDRESS **14718 S.W. 44TH LANE**  
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D** ☒ Change ☐ Addition  
1.2 NAME **LEWIS, MICHAEL**  
1.3 STREET ADDRESS **14718 SW 44th LANE**  
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33185**

2.1 TITLE **V/S/D** ☒ Change ☐ Addition  
2.2 NAME **LEWIS, SUSAN**  
2.3 STREET ADDRESS **14718 SW 44th LANE**  
2.4 CITY-ST-ZIP **MIAMI, FLORIDA 33185**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

**Michael Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)