

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


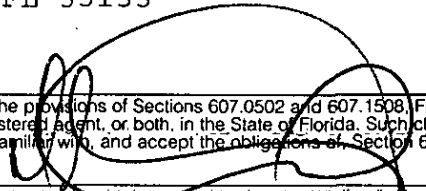
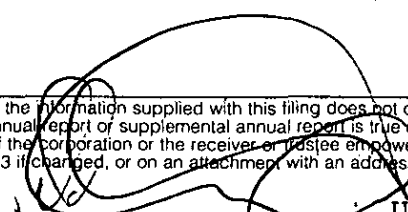
AMENDMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS	
1998 AMENDMENT 2000					
DOCUMENT #P99000016461					
1. Corporation Name SPINELLI GYM FITNESS CENTER CORP.					
Principal Place of Business 8100 S.W. 81st Drive Miami, Florida 33143			Mailing Address Same		
2. Principal Place of Business 21 8100 S.W. 81st Drive Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.		4. FEI Number 65-0902703	
22 City & State 23 Miami, Florida 24 Zip 33143 25 Country USA		27 City & State 28 29 Zip 30 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALFREDO G. DURAN 2665 So. Baysrroe Drive, #1100 Miami, FL 33133			10. Name and Address of New Registered Agent 81 Name ULISES GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 8100 S.W. 81st Drive 83 84 City Miami FL 85 Zip Code 33143		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	Dir/Pres	<input checked="" type="checkbox"/> DELETE			
NAME	ANTONIO SPINELLI				
STREET ADDRESS	16680 So. Post Road, #103				
CITY - ST - ZIP	Weston, FL 33331				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Pres/Sec/Trea/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	ULISES GARCIA				
1.3 STREET ADDRESS	8100 S.W. 81st Drive				
1.4 CITY - ST - ZIP	Miami, FL 33143				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:  ULISES GARCIA 7/5/00 (305) 270-2350					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT / DIRECTOR					