FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89346** **(8)**

1. Corporation Name

INTERNATIONAL BICYCLE SHOP AND FITNESS CENTER WE ST, INC.

Principal Place of Business	Mailing Address
4461 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	4461 N. UNIVERSITY DRIVE LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 11708 N.W. 38TH PLACE
Suite, Apt. #, etc.
27 % LEON WEISS
City & State
28 SUNRISE, FL.
Zip
29 33323
Country
30 U.S.A

4. FEI Number: 65-0293263 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORITZ, WAYNE
4461 NORTH UNIVERSITY DR.
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name: BRUCE JAY TOLAND
82 Street Address (P.O. Box Number is Not Acceptable): 800 BRICKELL AVE.
83: STE. 1100
84 City: MIAMI 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: Bruce Jay Toland Esq. / BRUCE JAY TOLAND ESQ 04-26-95
(Signature, typed or printed name, registered agent and title if applicable) (Date) (Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	PTD,	☑ Change ☐ Addition
NAME	MORITZ, WAYNE	12 NAME	MORITZ, WAYNE	
STREET ADDRESS	4461 N. UNIVERSITY DR.	13 STREET ADDRESS	11708 N.W. 38TH PLACE	
CITY ST ZIP	LAUDERHILL FL	14 CITY ST ZIP	SUNRISE, FL. 33323	
TITLE	VT	21 TITLE	VSD,	☑ Change ☐ Addition
NAME	MORITZ, ESTELLE	22 NAME	MORITZ, ESTELLE	
STREET ADDRESS	4461 N. UNIVERSITY DR.	23 STREET ADDRESS	11708 N.W. 38TH PLACE	
CITY ST ZIP	LAUDERHILL FL	24 CITY ST ZIP	SUNRISE, FL. 33323	
TITLE		31 TITLE	VD	☐ Change ☑ Addition
NAME		32 NAME	WEISS, LEON	
STREET ADDRESS		33 STREET ADDRESS	11708 N.W. 38TH PLACE	
CITY ST ZIP		34 CITY ST ZIP	SUNRISE, FL. 33323	
TITLE		41 TITLE	VD	☐ Change ☑ Addition
NAME		42 NAME	MORITZ, MATTHEW	
STREET ADDRESS		43 STREET ADDRESS	11708 N.W. 38TH PLACE	
CITY ST ZIP		44 CITY ST ZIP	SUNRISE, FL. 33323	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leon Weiss V.P. DIRECTOR 04-26-95 305-748-3820
(Signature and typed or printed name of individual) (Title) (Date) (Daytime Phone #)
LEON WEISS

0240031 CP