Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED

Secretary of State

03-31-1999 90039 027 ***150.00

Mar 31, 1999 8:00 am

DOCUMENT # V19923 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

MEDEROS, MARIO

10798 SW 51 DR

AIRPORT GYM, INC.

Principal Place of Business 7218 NW 25TH ST.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

MIAMI FL 33122

21

22

23

24

Zip

Mailing Address

7218 NW 25TH ST. MIAMI FL 33122

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

MEDEROS

Trust Fund Contribution

Personal Property Tax.

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

5 MANEROVE IN ...

03/09/1992

65-0332700

4. FEI Number

MIAMI FL 33165			83 Ket LAKGO FL 33037			
10.4.26.3			84 City	PE	85 Zip C	
11. Pursuant office or r	to the provisions of Sections 607.0502 and	rida. Such change was au	ithorized by the co	ed corporation submits this statement for the rporation's board of directors. I hereby accept	purpose of changing its opt the appointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	. DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	P	Change	Addition
NAME	MEDEROS, MARIO		1.2 NAME	Maria Marchos	, ,	
STREET ADDRESS	7218 NW 25TH ST.		1.3 STREET ADDRES	ss		l
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP			ĺ
TITLE	VP	X DELETE	2.1 TITLE	VP	☐ Change	Addition
NAME	MEDEROS, ORESTES	` .	2.2 NAME	VIVIAN LOPEZ		•
STREET ADDRESS	A4A (A111 ATT) A11777 BA44			1.5		
CITY-ST-ZIP	MIAMI FL 33144		2. 4 CITY-ST-ZIP	KOYLARLO FL 3303		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME	, in the second		
STREET ADDRESS			3.3 STREET ADDRES	ss		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1		
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	·		4. 2 NAME			į
STREET ADDRESS			4.3 STREET ADDRES	ss		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			}
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRES	s	•	
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP		<i>a</i> *	ļ
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	1		
STREET ADDRESS	• •		6.3 STREET ADDRES	s		j
CITY-ST-ZIP			6.4 CITY-ST-ZIP	}	;	
14. I hereby o	ertify that the information supplied with this	filing does not qualify for	the exemption stat	ed in Section 119.07(3)(i), Florida Statutes.	further certify that the in	formation

Country

81

30

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.

UASICIALISE RESIDENCE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER