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

Mailing Address

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V27204

1. Corporation Name

Dringing Place of Business

THE FITNESS CLOSET II, INC.

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ET DRIVE S FL 33143-5878	1561-1/2 SUNSET DRIVE CORAL GABLES FL 33143-5878		DO NOT WRITE IN THIS	SPACE	•	
				3. Date Incorporated or Qualifed		
and the second s	- چې ده په مخت	<b></b>		04/06/1992	`	
lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
•	26			65-0326105		lot Applicable
#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
<u> </u>	27		,			
ity & State City & State				6. Election Campaign Financing	-	May Be
	28	0		<del></del>		to Fees
		¬ `		,		TANO
		<u> </u>				<del></del>
9. Name and Address of Currer	it Registered Agent	81	Name	10. Hann and Hadress of Hotel Hogerston		
ati, Claudio A.						
1561-1/2 SUNSET DRIVE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
RAL GABLES FL 33143-5870		83				
		-	0.1		es Zin	Code
		84	City	FL	.   05   210	, code
egietared agent or both in the State	of Florida. Such change was auth-	ionzed by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing it ntment as r	ts registered registered
				CATE		}
		<del>-</del>	nt signature required		ND DIRECT	ORS IN 12
					☐ Change	
-					•	1
4795 N. KENDALL DRIVE		12 STDEET				ì
MIAMI FL			T ADDRESS		·	i.
D						
	☐ DELETE	1.4 CITY-S 2.1 TITLE			Change	Addition
	☐ DELETE	1.4 CITY-S	T-ZIP		Change	_
ROTATI, CLAUDIO A.	□ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP			_
	□ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP			
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ROTATI, CLAUDIO A. 4795 N. KENDALL DRIVE MIAMI FL	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TIFLE 3.2 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Change	Addition
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1	Country  25  9. Name and Address of Currer  ATI, CLAUDIO A.  1-1/2 SUNSET DRIVE  IAL GABLES FL 33143-5870  to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of Sections 607.050  Signature, typed or printed name of registered age  OFFICERS AND  ROTATI, MERCEDES	CORAL GABLES FL 33143-587  CORAL GABLES FL 33143-587  Country  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	CORAL GABLES FL 33143-5878    CORAL GABLES FL 33143-5878	CORAL GABLES FL 33143-5878    CORAL GABLES FL 33143-5878	DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  04/06/1992  4. FEI Number 65-0326105  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 29  Country 25  9. Name and Address of Current Registered Agent  ATI, CLAUDIO A. 1-1/2 SUNSET DRIVE ALI GABLES FL 33143-5870  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and the # applicable.  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed  04/06/1992  4. FEI Number 65-0326105  5. Certifcate of Status Desired  5. Certifcate of Status Desired  Certifcate of Status Desired  Country  8. This corporation owes the current year Interest and Address of New Registered  Personal Property Tax.  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. TITLE	CORAL GABLES FL 33143-5878  CORAL GABLES FL 33143-5878  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/06/1992  4. FEI Number 65-0326105  #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  B. This corporation owes the current year Intangible Personal Property Tax.  Yes  9. Name and Address of Current Registered Agent  ATI, CLAUDIO A.  1-1/2 SUNSET DRIVE  IAL GABLES FL 33143-5870  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  Signature, yoed or printed name of registered agent and 8the if spepticable.  NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/06/1992  4. FEI Number 65-0326105  5. Certificate of Status Desired  Fee F. 65-0326105  S. This corporation owes the current year Intangible Personal Property Tax.  Yes  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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.

62 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90104 019 \*\*\*150.00