**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000011183

1. Corporation Name

U.S. BODY SHOP, INC.

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90199 031 \*\*\*150.00

Principal Place	of Rusiness	Mailing Address			9181 11881 11881 11881 I	(0100 1111 1001
		-				
195 N.W. 71STST STREET   MIAMI FL 33150		195 N.W. 71STST STREET MIAMI FL 33150				
	•	=		DO NOT WRITE IN TH	HIS SPACE	
				3. Date Ir corporated or Qualifed		
				02/04/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<del>                                    </del>	plied For
21	<u></u>	26		65-0724802		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
22		27 City & State				
City & State		City & State		6. Election Campaign Financing — Trust Fund Contribution	\$5.00 to Added to	
Zip Country		Zip Country		8. This corporation owes the current year		71 003
		29 30		Personal Property Tax.		[]No
24	9. Name and Address of Cu		30	10. Name and Address of New Register		
<del></del>	3. Maine and Address of Co	THE REGISTERED Agent	81 Name			
BRU	INO, JULES					
195 N.W. 71STST STREET			82 Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33150			83			
,						
			84 City	F	85 Zip C	cde
11 Purquart	to the provisions of Sections 607	0502 and 607 1508 Florida Statut	as the above-named	corporation submits this statement for the purpose	of changing its	re gistered
	maintened agent or both, in the St	late of Clorida. Such change was a	a thorized by the com	oration's board of directors. I hereby accept the ap	pointment as reç	jistered
agent.la	m familiar with, and accept the ob	oligations of, Section 607.0505, Flo	rida Statutes.			
SIGNATURE	Signature, typed or printed name of registered	A proof and title if a policeble (NOTE	Registered Agent signature in	required when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	BRUNO, JULES		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			ļ
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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, great attachment with an address, with all other like empowered.

Jules Eruno SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/99