

ANNUAL REPORT  
1995



Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 683683

(7)

1. Corporation Name

DANCE AND BODY STUDIO, INC.

Principal Place of Business

10370 W. FLAGLER STREET  
MIAMI FL 33174

Mailing Address

10370 W. FLAGLER STREET  
MIAMI FL 33174

000001401870

-02/09/95--01067--001

\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1980

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2613818

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

2. Principal Place of Business

2a. Mailing Address

11430 SW 34th Lane Miami FL 33165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL 71

Zip

Country

Zip

Country

33165

Dade

9. Name and Address of Current Registered Agent

GARCIA, MANUEL  
11430 S.W. 34TH LANE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARCIA, MIDDALIA     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11430 S.W. 34TH LANE | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL             | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VD                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARCIA, MANUEL       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11430 S.W. 34TH LANE | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL             | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | ST                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARCIA, MANUEL       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11430 S.W. 34TH LANE | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL             | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 6.4 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 199.07(3)(b), 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: Middelalia Garcia, President

Middelalia Garcia, President

1-28-95

305/223-0316

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CP