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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 683683

(7)

DANCE AND BODY STUDIO, INC.

## **FILED** Mar 02 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 10370 W. FLAGLER STREET 11430 SW 34 LN			
MIAMI FL 33174 MIAMI FL 33165 DO NOT WRITE IN TH	IIS SPACI	E	
3. Date Incorporated or Qualified			
10/02/1980			
2. Principal Place of Business 2e. Mailing Address 4. FEI Number		Ar	oplied For
21 26 59-2613818			ot Applicable
Suito, Apt. #, etc.  Suito, Apt. #, etc.  5. Certificate of Status Desired			Additional equired
City & State City & State 6. Election Campaign Financing	\$	5.00	May Be
28 Trust Fund Contribution	A	dded	to Fees
Zip Country Zip Country 8. This corporation owes or has paid the			
24         25         29         30         Personal Property Tax due June 30.	Yes	_	] No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ed Ageni	<u>-</u>	
GARCIA, MANUEL 81 Name			
11430 S.W. 34TH LANE  MIAMI FL 33165  82 Street Address (P.O. Box Number is Not Acceptable)			
83 83			·
84 City	85	7in	Code
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	▝▐▃▕	1	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposing of the original state of the purposition of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or purities larged and the displacable.  (NOTE Registered Agent signature required when reinstating)  DAT	E.		
12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS.			
TITLE PD DELETE 1.1 TITLE		nange	Addition
NAME GARCIA, MIDDALIA 12 NAME			
STREET ADDRESS 11430 S.W. 34TH LANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP			
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP  TITLE VD DELETE 2.1 TITLE	C	hange	Addition
		i kai iyo	L MODITION
NAME GARCIA, MANUEL 22 NAME STREET ADDRESS 11430 S.W. 34TH LANE 23 STREET ADDRESS			
A A A A A A A A A A A A A A A A A A A			
CITY-ST-ZIP MIAMI FL 2 4 CITY-S1-ZIP  TITLE ST DELETE 3.1 TITLE	C	hange	Addition
NAME GARCIA, MANUEL 3.2 NAME	_, _	· All y	
STREET ADDRESS 11430 S.W. 34TH LANE 3.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 3.4. CITY-ST-ZIP			
SITUE DELETE 41 TITLE	ПС	hange	Addition
NAME 4.2 NAME	-		
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP			
TITLE DELETE 5.1 TITLE		hange	Addition
NAME 5.2 NAME		-	
STREET ADDRESS 5.3 STREET ADDRESS			
CITY-ST-ZIP 54 CITY-ST-ZIP			
THE DELETE 6.1 THE		hange	Addition
NAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
CITY-ST-ZIP 64 CITY-ST-ZIP			

14. I hereby contify 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 suppliemental 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 any address.