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

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

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

(5)

FILED
Jan 28 1998 8:00am
Secretary of State

GREA'	<b>T SH</b> APES, THE BODY B	OUTIQUE, INC.			HARA BARN BARNA BARNA BARNA BARNA BARNA
Principal Plac	ce of Business	Mailing Address			JABIN BITAN BIBIN BIBIN BIBIN DIBIN ABUN
C/O GREAT SHAPES 1553-C SUNSET ROAD 1553-C SUN SET ROAD CORAL GABLES FL 33143 CORAL GABLES FL 33143				DO NOT WRITE IN	1 THIS SPACE
US		US		3. Date Incorporated or Qualified	
2 Principal I	Place of Business	2a. Mailing Address		06/16/1983	
21	1000 01 00311033	26 6745 SW.	tz (+	4. FEI Number	Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u> </u>	65-0128444	Not Applicable \$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & Sta	le	City & State	-	6. Election Campaign Financing	\$5.00 May Be
23		28 MiAmi E	<del></del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	9, Name and Address of Cu		30 DADE	Personal Property Tax due June 30	
D(	OMEO, RAYMOND W	Italit negistated Agent	81 Name	10. Name and Address of New Regis	itered Agent
	<del>.</del>	715 511 57 -1			
	A S D C C C C C C C C C C C C C C C C C C	745 SW 53 st.		Address (P.O. Box Number is Not Acceptable)	1
	M	iAmi F1. 33155	83		
	•	_	84 City		B5 Zip Code
11, Pursuant	to the provisions of Sections 607	0502 and 607//508. Florida Statute	es the shove-named	corneration submits this statement for the our	FL 69 210 Code
office or agent. I a SIGNATURE				corporation submits this statement for the purporation's board of directors. I hereby accept the	
Sidiktione	Signature) lypod of krinted name of registere	agent and title if applicable (NOTE	Registered Agent signature	WIKOMED /-/7-	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DP ROMEO, RAYMOND W	DELETE	1.1 TITLE	PRES, RAYMOND W. ROMEO	Change  Addition
NAME Street Address	7511 S.W. 59TH PLACE		1.2 NAME	6745 S.W.53 St.	• •
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS	- • •	_
TITLE	710 WIII 1 C	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	MIAMI F1. 33155	Change Addition
NAME			2.2 NAME		C cuando C vocition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		
TITLE		☐ DETE IF	5.1 TITLE		☐ Change ☐ Addition
NAME STORET APPROCES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		_ >	G.2 NAME		C Grigings C Muditions
STREET ADDRESS			6.3 STREET ADDRESS		

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 13 if changed from an attachment with an address.

6.4 CITY-ST-ZIP