

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32420

(6)

1. Corporation Name

BODY LINE INTERNATIONAL, INC.



Principal Place of Business

C/O MIGUEL M GONZALEZ, ESQUIRE
370 MINORCA AVE., SUITE 5
CORAL GABLES FL 33134
US

Mailing Address

C/O MIGUEL M GONZALEZ, ESQUIRE
370 MINORCA AVE., SUITE 5
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified

11/22/1989

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0174078

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

9. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M, ESQUIRE
370 MINORCA AVE.
SUITE 5
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of person changing the information

Printed Name of Registered Agent or person accepting appointment

Date

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	GONZALEZ, MIGUEL M	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	PD	☐ DELETE
NAME	MENENDEZ, GUILLERMO G	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	STD	☐ DELETE
NAME	MENENDEZ, RUTH E	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.07(3)(k), 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, and that I am, or am an attorney with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

5/10/96 (305) 461-1650