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

14. I hereby certify that the injurindicated on this annual rep officer or director of the cor Block 12 or Block 13 if char

SIGNATURE:

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)L32420 **BODY LINE INTERNATIONAL, INC.** Principal Place of Business Mailing Address C/O MIGUEL M GONZALEZ. ESQUIRE C/O MIGUEL M GONZALEZ, ESQUIRE 370 MINORCA AVE., SUITE 5 370 MINORCA AVE., SUITE 5 CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0174078 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζıp 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GONZALEZ, MIGUEL M. ESQUIRE 370 MINORCA AVE. Street Address (P.O. Box Number is Not Acceptable) **B2** SUITE 5 в3 CORAL GABLES FL 33134 84 City 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 posted name of registered agent and the it applicable (NOTE Registered Agont signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change MENENDEZ, GUILLERMO G NAME 1.2 NAME 370 MINORCA AVE., SUITE 5 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE STD 2.1 TITLE Addition MENENDEZ, RUTH & NAME 2.2 NAME 370 MINORCA AVE., SUITE 5 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 Till E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 1/TLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP ation 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 of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information of supplied that it is a supplied by the same legal effect as if made under oath; that I am an exercise or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a state ment with an address.

305/4442060