

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90032 036 ***150.00

DOCUMENT # L32420

1. Corporation Name
BODY LINE INTERNATIONAL, INC.



Principal Place of Business
**670 MIGUEL M GONZALEZ ESQUIRE
370 MINORCA AVE., SUITE 5
CORAL GABLES FL 33134
US**

Mailing Address
**670 MIGUEL M GONZALEZ ESQUIRE
370 MINORCA AVE., SUITE 5
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **3191 Coral Way**
Suite, Apt. #, etc.
22 **Suite 109**
City & State
23 **Miami FL**
Zip Country
24 **33145** 25 **USA**

2a. Mailing Address
26 **3191 Coral Way**
Suite, Apt. #, etc.
27 **Suite 109**
City & State
28 **Miami FL**
Zip Country
29 **33145** 30 **USA**

3. Date Incorporated or Qualified
11/22/1989

4. FEI Number
65-0174078

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 owes the current year Intangible Personal Property Tax.
res ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
DE LA PENA, VILLANUEVA & BAJANDAS, LLP

82 Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE, SUITE 705

83

84 City
MIAMI

85 Zip Code
FL 33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MENENDEZ, GUILLERMO G	370 MINORCA AVE., SUITE 5	CORAL GABLES FL	<input type="checkbox"/>
STD	MENENDEZ, RUTH E	370 MINORCA AVE., SUITE 5	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/D	GUILLERMO G. MENENDEZ	601 BRICKELL KEY DRIVE, SUITE 705	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D	RUTH E. MENENDEZ	601 BRICKELL KEY DRIVE, SUITE 705	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	RICARDO BAJANDAS	601 BRICKELL KEY DRIVE, SUITE 705	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICARDO BAJANDAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(305) 377-0809

Date

Daytime Phone #

CR2E034 (11/98)

0198349