

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L73490 (9)

1. Corporation Name

BODYWELL, INC.

Principal Place of Business

**4111 S OCEAN DR
HOLLYWOOD FL 33019**

Mailing Address

**P.O. BOX 398388
1525 LENOX AVE
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0196140

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**

7. This corporation has liability for intangible tax under S. 190.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2001 COLLINS AVE

City & State

MIAMI BEACH FL.

Zip **33139**

Country

U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. B 398388

City & State

MIAMI BEACH FL.

Zip **33239**

Country

30

9. Name and Address of Current Registered Agent

**EINHORN, CHAIM
1525 LENOX AVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81

Name

HAIM EINHORN

82

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

83

2001 COLLINS AVE

84

City

MIAMI BEACH

FL

85

Zip Code

33139

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

Haim Einhorn

(NOTE: Registered Agent signature required when filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

EINHORN, CHAIM

STREET ADDRESS

1525 LENOX AVE

CITY, ST, ZIP

MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change

☐ Addition

1.2 NAME

HAIM EINHORN

1.3 STREET ADDRESS

2001 COLLINS AVE

1.4 CITY, ST, ZIP

MIAMI BEACH FL 33139

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, 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)(b), 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 manager or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Haim Einhorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

(305) 775-8488