

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 # P92000012199 (5)

1. Corporation Name

BODY & SOUL CLOTHING COMPANY

Principal Place of Business

355 GRECO AVE
CORAL GABLES FL 33134

Mailing Address

355 GRECO AVE
CORAL GABLES FL 33134



3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINES, GEOFFREY W
3250 MARY ST
SUITE 400
COCONUT GROVE FL 33133

81 Name Brown, Harold
82 Street Address (P.O. Box Number is Not Acceptable)
1300 Roxe de Leon Road
83 Dakota Center Ste. 1404
84 City Miami FL 85 Zip Code 33143

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 Harold Brown
Signature typed or printed name of registered agent and title if applicable

Harold Brown
(NOTE: Registered Agent signature required when reinstating)

1/15/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME MORGAN, AMY
STREET ADDRESS 3250 MARY ST.
CITY-ST-ZIP C. GROVE FL

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Wendy Skorman
1.3 STREET ADDRESS 355 Greco Avenue
1.4 CITY-ST-ZIP Coral Gables FL 33146

TITLE ST ☒ DELETE
NAME SKORMAN, WENDY
STREET ADDRESS 3250 MARY ST.
CITY-ST-ZIP C. GROVE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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 if changed, or on an attachment with an address.

SIGNATURE Wendy Skorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 305-441-9005
Date Daytime Phone #

CR2E034 (12/95)