SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT

SIGNATURE:

Jul 25 1997 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P92000014070 (6) ROLY BODY SHOP INC. Principal Place of Business Mailing Address 5216 NW 35 AVE 5216 N.W. 36TH AVE. MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/24/1992 07/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 782 NWLETEUN, Rd 65-0377704 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 434 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Midmi Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 33126 USA Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ENRIGUEZ, LUISA 3361 S.W. 9TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) #404 **MIAMI FL 33135** 83 City Zip Code FI 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **(**4/9/ TITLE DELETE 1.1 TOTLE Change Addition ENRIQUEZ, ROLANDO NAME 1.2 NAME 3661 S.W. 9TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33135 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 21 TITLE **ENRIQUEZ, JESUS** NAME 2.2 NAME 12905 S.W. 42ND TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE **ENRIQUEZ, LUISA** NAME 3.2 NAME 3661 S.W. 9TH TERRACE #404 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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.

Rolando Enriquez

FLORIDA DEPARTMENT OF STATE

FILED