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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000014070 (6) DOCUMENT #

ROLY BODY SHOP INC.

Principal Place of Business	Mailing Address 782 NW LEJEUNE RD SUITE 434 MIAMI FL 33126 US			
5216 NW 35 AVE MIAMI FL 33142 US				
2. Principal Place of Business	2a. Mailing Address			

**FILED** Jan 28 1998 8:00am Secretary of State



	s'					-			
Principal Place	e of Businoss	Mailing Address							
5216 NW 35 AVE 782 NW LEJEUNE RD									
MIAMI FL 33142		SUITE 434				DO NOT WRITE IN THIS SPACE			
US MIAMI FL 33126 US						3. Date Incorporated or Qualified			
		•••				12/24/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	TAI	pplied For	
21		26				65-0377704	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional	
22 27						5. Certificate of Status Desired	Fee R	equired	
City & State						6. Election Campaign Financing		May Be	
23 28						Trust Fund Contribution		to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the cur	4 -	langible No	
24	25 9. Name and Address of Current		30	. <u>-</u>		Personal Property Tax due June 30.	<del></del>	3 140	
CAL	<del></del>	negistered Agent	8	1 1	Name	10. Hallo and Address of New Asglatores	- North		
	RIGUEZ, LUISA,		L.						
	81 S.W. 9TH TERRACE		8	2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			
#404 MIAMI FL 33135			8	3					
MIN	WII FL 33133		L						
			8	4 0	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	L วงษาก	amed corpo	oration submits this statement for the purpose of	changing i	ts registered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505, Flo	iuthorized irida Statut	by th es.	ne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE									
	Signature, typod or ponted name of registered age:			igeri s	signature required	d when reinstating) DATE	DIDECTO		
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE	ENRIQUEZ, ROLANDO	La Deter	1.1 MAM				onunge		
NAME STREET ADDRESS	3661 S.W. 9TH TERRACE		1 3 STRE		npree				
	MIAMI FL 33135		1.4 CITY						
CITY-ST-ZIP TITLE	D D	DELETE	21 1011				Change	Addition	
NAME	ENRIQUEZ, JESUS	EIM	2 2 NAM					-	
STREET ADDRESS	12905 S.W. 42ND TERRACE		2 3 STRE		IDRESS				
CITY-ST-ZIP	MIAMI FL 33175		2 4 DITY						
TITLE	D	DELETE	3 1 1/11/1				Change	Addition	
NAME	ENRIQUEZ, LUISA		3.2 NAM	E					
STREET ADDRESS	3661 S.W. 9TH TERRACE #40	)4	3.3 STHE	ET ADI	IDRESS			7	
CITY-ST-ZIP	MIAMI FL 33135		3 4. CITY	/-ST-2	ZIP				
TITLE		DELETE	4 1 1(TL)				Change	Addition	
NAME			4. 2 NAN	<b>A</b> E					
STREET ADDRESS			4.3 STRE	ET ADI	DRESS				
CITY-ST-ZIP			4.4 CiTY		7IP			1 4 1 10 1	
TITLE		☐ DELETE	5 1 TITLE				☐ Change	☐ Addition	
NAME			5 2 NAM						
STREET ADDRESS			5 3 STRE	ET ADI	DRESS				
CITY-ST-ZIP		The services	5 4 CITY		7IP		T 05	A planta a	
TITLE		☐ DELETE	61 TITLE				Change	☐ Addition	
NAME			62 NAM						
STREET ADDRESS			63 STRE					-	
CITY-ST-ZIP			64 CITY	- ST - Z	ZIP				

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 eath, 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

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