

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:45

DOCUMENT # P93000066350 (8)

1. Corporation Name

500 BODY SHOP, INC.

Principal Place of Business

4102 EAST 11TH AVE.
HALEAH FL 33013

Mailing Address

4102 EAST 11TH AVE.
HALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

08/19/1994

4. FEI Number

65-0437808

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

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, MARINO R — SANCHEZ, MAXIMINO RAMON
4102 EAST 11TH AVENUE
HALEAH FL 33013

81. Name

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

83.

84. City

FL

85. Zip Code

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 or director if applicable

DATE: Registered Agent signature required when requesting

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SANCHEZ, RAMON SANCHEZ, MAXIMINO RAMON
STREET ADDRESS 1141 N.E. 129TH ST.
CITY, ST, ZIP MIAMI FL 33161

TITLE ~~VP~~
NAME ~~POSADA LAZARO~~
STREET ADDRESS ~~702 EAST 9TH ST.~~
CITY, ST, ZIP ~~HALEAH FL 33016~~

TITLE ~~OV~~
NAME ~~GONZALEZ, EDUARDO R.~~ RIVAS GONZALEZ, EDUARDO
STREET ADDRESS 10900 S.W. 55TH ST.
CITY, ST, ZIP MIAMI FL 33165

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 110.07(3)(X), 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: *Eduardo Rivas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-EDUARDO RIVAS 6/21/95

Signature

Date

362-9139

Telephone Number