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

96 AUG 27 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066350 (8)

1. Corporation Name
500 BODY SHOP, INC.

Principal Place of Business
4102 EAST 11TH AVE.
HIALEAH FL 33013

Mailing Address
4102 EAST 11TH AVE.
HIALEAH FL 33013

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 06/30/1995
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

9. Name and Address of Current Registered Agent
~~ENRIQUE, ANTONIO R~~
~~1685 WEST 42ND STREET~~
~~#204~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent
81 Name: Danilo Padron
82 Street Address (P.O. Box Number is Not Acceptable): 4102 East 11th Avenue
83
84 City: Hialeah FL 85 Zip Code: 33013

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] DATE 8-22-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	PADRON, DANILO	
STREET ADDRESS	1451 W. 29TH STREET, LOT#8	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VS	☒ DELETE
NAME	~~ENRIQUEZ, ANTONIO R~~	
STREET ADDRESS	~~1685 W. 42ND STREET, #204~~	
CITY-ST-ZIP	~~HIALEAH FL 33012~~	
TITLE		☐ DELETE
NAME	Jose Luis Padron	
STREET ADDRESS	1451 W. 29 St Lot #8	
CITY-ST-ZIP	Hia. Fla. 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	☒ Change ☐ Addition
1.2 NAME	PADRON, DANILO	
1.3 STREET ADDRESS	1451 W 29 St. Lot #8	
1.4 CITY-ST-ZIP	Hialeah Fl 33012	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	☐ Change ☐ Addition
3.2 NAME	Jose Luis Padron	
3.3 STREET ADDRESS	1451 W. 29 St Lot #8	
3.4 CITY-ST-ZIP	Hia. Fla. 33012	
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		

100001936381
-08/30/96--01011--010
****225.00 ****225.00

[signature] 8-23-96

CR2E034 (12/95)

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: [signature] DANILO PADRON 8/7/96 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #