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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400051937 (8)

ALPHA AND OMEGA BODYSCULPTING, INC.

Principal Place of Business								
12022	cw	DOTL	TED	e				

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



13032 SW 88TI MIAMI FL 3318				SW 88TH TER S FL 33186-1758									
								3. Date Incorporated or Qualified 07/13/1994		ite of Las 01/199			
2. Principal Place of Business		2a. Ma	2a. Mailing Address			4. FEI Number		Applied For					
21			26					65-0522833			Not Appl	licable	
Suite, Apt. :				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees					
Zιρ		Country	Zip	Zip Country				8. This corporation has liability for intangible tay under s. 199.032,					
24		5	29	·	30			Florida Statutes Yes 🖫 No					
		nd Address of Curre	nt Registere	d Agent		21	-ı.	10. Name and Address of New Re	gistered	Agent			
	la, Eduari				8	'n	Name						
13032 SW 88 TERRACE SOUTH				82 Street Add			Street Ad	dress (P.O. Box Number is Not Acceptable)					
MIAI	MI FL 33186	1			L.								
					. 6	3							
					Ä	4	City			85 2	ip Code		
						- 1	•		FL				
SIGNATURE	egistered age m familiar with	ye xe		Eduando	E Mel	110	۹, ۱	orporation submits this statement for the pration's board of directors. I hereby acce	pt the app	ointment	as registi	ered	
12.	Sign more, typict o	OFFICERS A			13.		it signatoro-r	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 1	2	
THUE	DPT			DELETE	1.1 1170	 E				Chan		Addition	
NAME	MELLA, E	DUARDO			1.2 NAM	E	1						
STREET ADDRESS		88TH TER S					ADDRESS						
City SI-7P	MIAMI FL				1.4 CITY								
TITLE	DVS			DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Chan	ge 🔲 /	Addition	
NAME	MELLA, S	USAN			2.2 NAM	IE.					-		
STREET ADORESS		88TH TER S					ADDRESS						
CITY: ST: ZiP	MIAMI FL				2. 4 CITY								
THUE			·····	DELETE	3.1 TITLE					Chan	pe 🔲 /	Addition	
NAME					3.2 NAM	ŧΕ							
STREET ADDRESS					3.3 STRE	EET A	ADDRESS						
CiTY+ST+ZIP					3.4. CITY	Y-51	ST - 21P					İ	
TITLE	***			DELETE	4.1 T/TL	E				☐ Chan	ge 🔲 /	Addilion	
NAME					4. 2 NAA	ИE							
STREET ADDRESS					4.3 STRE	EET	ADDRESS						
CITY - S1 - ZIP					4.4 CITY	- \$ T	T-ZiP						
TITLE				DELETE	5.1 TITL	E				Chan	ge 🔲 /	Addition	
NAME					5.2 NAM	1E							
STREET ADDRESS					5.3 STRE	EET	ADDRESS						
C+TY + ST + Z+P					5.4 CITY	'- \$ 1	T - ZIP						
TITLE				☐ DELETE	6.1 TITU	E				Chan	ge 🔲 /	Addition	
NAME					6.2 NAM	Œ							
STREET ADDRESS					6.3 STR	EET.	ADDRESS						
C(TY+ST-ZIP					6.4 CITY								
14. I do heret	by certify that	the information supplies	ed with this fi	ling does not qua	lify for the e	xer	mption sta	ited in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leg	es. I furthe	r certify t	hat the	alh: that	
l am an of appears ii	fficer or direct Block 12 or	tor of the corporation (Block 13غادhanged)	or the receive	or trustee empor	wered to ex ldress.	BÇI	ute this re	port as required by Chapter 607, Florida	Statutes; a	ind that r	ny name	ios, ural	