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

**PR**ÒFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED Aug 31, 1999 8:00 am Secretary of State

	1999	A CONTROL OF	DIVISION OF CO	RPORATIONS	08-31-1999 90001 025 ***550	0.00
DOCUMENT # P96000035923  1. Corporation Name MDGY'S LATIND BEDUTY SOLON, INC						
MAG	VS LATIN	D BEDU	ry Solon,	INC /		
gus	SW71 1	SUENUE	_		* 610873 - 90001 - 25	*
NOO	TH LAUDE	200LE, FL		(		
Principal Place			Mailing Address	r		
			SALON, IN	<b>.</b>		
945	SW710	MENUE			DO NOT WRITE IN THIS SPACE	
NORT	H LOUDER	DALE, FL	33068		3. Date Incorporated or Qualifed 4125196	
- Quie	Place of Business		a. Mailing Address 1945 SW 71	AUEN DE	165 X-63/67 H	Applied For Not Applicable
21 745° Suite, Apt.	<del></del>	ENUE 26	Suite, Apt. #, etc.	-060 <u>0</u>	_ \$8.75	Additional
22		27			5. Certifcate of Status Desired Fee	Required
City & Stat	LAUEROS	E 19 28	City & State	ELDALE, FL		May Be
Zip	Cou		Zip	Country	8. This corporation owes the current year Intangible	
24 5306	25 US	⊃A 29. dress of Current Regi	33068 30		Personal Property Tax.  10. Name and Address of New Registered Agent	□No
1 1/1 //				81 Name	N. Halle dila Assassa	
			OL BUS. & A	CI.   B2 - Otreet Add	ress (P.O. Box Number is Not Acceptable)	
	_	ECIAL BL			,	
AU	XDEPDALE	: <sub>1</sub> FL 33:	389	83		
	•			84 City	FL 85 Z	p Code
11. Pursuant	to the provisions of S	ections 607,0502 and	607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of changing	its registered
office or r agent. I a	egistered agent, or bo m familiat with, and a	oth, in the State of Flori ccept the obligations o	ida. Such change was auth f, Section 607.0505, Florid	norized by the corporation a Statutes.	on's board of directors. I hereby accept the appointment as	registered
SIGNATURE		. 1			@1 i@0	
J.O.A.DICE	$\underline{\smile}$	u	VEG.	(STERED) #U	ENT 012/194	
12.	Signature, typed or printed n	ame of registered agent and title OFFICERS AND DIR	VEQ: (NOTE: Re	(STERED) AU egistered Agent signature require 113.	ENT 012/194	
	Signature, typed or printed n	OFFICERS AND DIR	VEQ: (NOTE: Re	(STERE) 40 egistered Agent signature require	d when reinstating)  DATE	TORS IN 12
12. TITLE NAME	AUARO P	OFFICERS AND DIR	ECTORS  PESPESAT	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS AND DI	TORS IN 12
12. TITLE NAME STREET ADDRESS	AUARO B 1102 E.J.	OFFICERS AND DIR BASTIDAS DSMINE U	ECTORS  PLES PESSON  NOTE: RI ECTORS  PLES PESSON  NE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS AND DI	TORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO B 1102 E. JI NORMI LA	OFFICERS AND DIR BASTIDAS DSTINE LA DEPONE, I	ECTORS  PEBPLENT  WE  33068	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS AND DI	TORS IN 12
12. TITLE NAME STREET ADDRESS	AUARO E 1102 E.J. 1102 HA MOUNELY	OFFICERS AND DIR BASTIDAS DGMINE U DEEDNE, I BASTIDAG	ECTORS  PERPLEENT  ACCURATE A STATE OF THE S	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  PRESIPERAT  ASSOCIATION  V. PRESIDEN  ANE  V. PRESIDEN  ANE	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR BASTIDAS DGMINE U DEEDNE, I BASTIDAG	ECTORS  FRESPESSION  A 33068  V. PLESIDA  ANE  L. 33068	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	TORS IN 12 pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  PRESIPERAT  ASSOCIATION  V. PRESIDEN  ANE  V. PRESIDEN  ANE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12 pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPESSION  A 33068  V. PLESIDA  ANE  L. 33068	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	TORS IN 12 pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPESSION  A 33068  V. PLESIDA  ANE  L. 33068	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	TORS IN 12 pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPESSION  A 33068  V. PLESIDA  ANE  L. 33068	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	TORS IN 12  pe
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPELLENT  ASSOCIATION  V. PRESIDA  ANG  V. PRESIDA  DELETE  DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Changes	TORS IN 12  pe
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPELLENT  ASSOCIATION  V. PRESIDA  ANG  V. PRESIDA  DELETE  DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Changes	TORS IN 12  pe
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	ECTORS  FRESPELLENT  ASSOCIATION  V. PRESIDA  ANG  V. PRESIDA  DELETE  DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME	Ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Changes	TORS IN 12 pe  Addition pe  Addition pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12 pe  Addition pe  Addition pe  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12 pe  Addition pe  Addition pe  Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE  DELETE  VEG  (NOTE: Re (NOTE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12    Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E JI NORNI LA MOLDELLI 1102 E JI	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12    Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E.J. HOGORY 1102 E.J. NOTH LOU	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE  DELETE  VEG  (NOTE: Re (NOTE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12    Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUARO E 1102 E.J. HOGORY 1102 E.J. NOTH LOU	OFFICERS AND DIR SASTIDAS OSTINE LA DEPONE, I BASTIDAS SMINE L	DELETE  DELETE  VEG  (NOTE: Re (NOTE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change Cha	TORS IN 12    Addition

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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTEDUMME OF SIGNING OFFICER OR DIRECTOR

Date

9542021420

Daytime Phone #