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FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000058322 (4)

1. Corporation Name

BODY SHAPERS CORPORATION



Principal Place of Business

7175 S.W. 8 STREET  
SUITE 209  
MIAMI FL 33144

Mailing Address

7175 S.W. 8 STREET  
SUITE 209  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

65-0735865

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4471 NW 36th St.

2a. Mailing Address

26 4471 NW 36th St.

Suite, Apt. #, etc.

22 Suite # 214

Suite, Apt. #, etc.

27 Suite # 214

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 83166

Country

25 USA

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

LIWAY, KARINA  
7175 S.W. 8 STREET  
SUITE 209  
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name MELKYS PEREZ (ADDITION)  
82 Street Address (P.O. Box Number is Not Acceptable)  
4471 NW 36th St.  
83 Suite # 214  
84 City Miami SPRING FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 607.0507 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 (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

02/17/98

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LIWAY, KARINA  
STREET ADDRESS 7175 S.W. 8 STREET, STE. 209  
CITY-ST-ZIP MIAMI FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT  
1.2 NAME MELKYS PEREZ  
1.3 STREET ADDRESS 4471 NW 36th St. Suite # 214  
1.4 CITY-ST-ZIP MIAMI SPRING, FL 33166

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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 KARINA LIWAY

(305) 2890118

CR2E034 (10/97)