

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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003520 (8)**

1. Corporation Name  
**BATH & BODY FACTORY, INC.**



Principal Place of Business <b>4401 PONCE DE LEON BLVD CORAL GABLES FL 33146</b>	Mailing Address <b>4401 PONCE DE LEON BLVD CORAL GABLES FL 33146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/14/1997</b>	
21		26		4. FEI Number <b>65-0740960</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TERPENING, ROBERT J  
4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 and fee applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PDC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DALMAU, JORDI
STREET ADDRESS		1.3 STREET ADDRESS	4401PONCE DE LEON BLVD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DALMAU, AURORA G.
STREET ADDRESS		2.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DALMAU, JORGE
STREET ADDRESS		3.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DALMAU, JAVIER
STREET ADDRESS		4.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TERPENING, ROBERT J
STREET ADDRESS		5.3 STREET ADDRESS	4401 PONCE DE LEON BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Signature]* 4/14/98 305-446-5666

CR2E034 (10/97)